

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015475
STATE FILE NUMBER
2816

1959 MAY 1 Registration District No. Primary Registration District No. Registrar No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA CITY HOSPITAL		Length of stay in lb *****	d. STREET ADDRESS (If outside, give location) 5709 Greer Avenue, 20, Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIAM Middle EDWARD Last MURPHY			4. DATE OF DEATH Month March Day 17th Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 14, 1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) News Dealer	10b. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edward F. Murphy	13b. MOTHER'S MAIDEN NAME Catherine Donnelly	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Robert F. Murphy, 5709 Greer Avenue, 20,	Address
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18. CAUSE OF DEATH (Enter only one cause primary for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound of Skull and Chest Interval between ONSET and DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Internal Hemorrhage following gunshot wound of chest.
	DUE TO (c) E981X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Enter only those conditions which caused or contributed to the death.) subject was shot while with group of friends of party by perfect state, at 844 No. Greer Avenue, about 6:35 p.m. March 17, 1959.	

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Give nature of injury, PART I or PART II of item 18.) state, at 844 No. Greer Avenue, about 6:35 p.m. March 17, 1959.	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY 6:35 p.m. 3/17/59		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, shop, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION St. Louis Mo	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at **1000 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Patrick Taylor Coroner	(Degree or title)	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 3/19/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/21/59	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., St. Louis, 15, Missouri.	25. DATE RECD. BY LOCAL REG. MAR 19 '59	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57
93
0

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *John A. Mlinar*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.