

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

**RECEIVED**  
**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS DEC 21 1959**

**'59 0 4 5 7 6 4**

**211361**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____ b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MO.</b> Length of stay in 1b <b>Life</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____ c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>3729 Olive Street</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) <b>JOHN</b> First <b>ALBERT</b> Middle <b>MURPHY</b> Last			<b>4. DATE OF DEATH</b> <b>DEC. 7, 1959</b> Month <b>DEC.</b> Day <b>7,</b> Year <b>1959</b>		
<b>5. SEX</b> <b>M.</b>	<b>6. COLOR OR RACE</b> <b>W.</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>12/12/1889</b>	<b>9. AGE (last birthday)</b> <b>69</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____ Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired, Postal Employee</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> _____		<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis, Mo.</b> <b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.</b>	
<b>13a. FATHER'S NAME</b> <b>George Frederick Murphy</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Margaret Crowe</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mrs. Cecelia Murphy</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes World War # I</b>			<b>16. SOCIAL SECURITY NO.</b> <b>376</b>	<b>17. INFORMANT</b> <b>Mrs. Cecelia Murphy, 3729 Olive Street</b> Address _____	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH  PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) _____	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____			<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			<b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____		
<b>21. I attended the deceased from</b> <b>12/5/59</b> <b>8:45 A</b> to <b>12/ 7/59</b> and last saw <sup>her</sup> him alive on <b>12/ 7/59</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <i>St. Lightner M.D.</i>			<b>22b. ADDRESS</b> <b>1515 LAFAYETTE AVE</b>		<b>22c. DATE SIGNED</b> <b>12/7/59</b>
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>23b. DATE</b> <b>12/10/1959</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>National Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
<b>24. FUNERAL DIRECTOR</b> <i>Arthur J. Donnelly</i> ADDRESS <b>3840 Lindell Blvd.</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>DEC 8 1959</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>Roal Smith, M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4698

P. O. Address 384

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.