

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013000

FILED VS APR 5 1960

Registration District No. Primary Registration District No. Registrar's 2 1823

STATE FILE NUMBER

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, MISSOURI		Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4121 Delmar Blvd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First CHARLES Middle E. Last MURPHY				4. DATE OF DEATH Month FEBRUARY Day 12 Year 1960					
5. SEX Male		6. COLOR OR RACE Col		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-20-1909		9. AGE (last birthday) 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Jackson Tenn		12. CITIZEN OF WHAT COUNTRY U S A			
13a. FATHER'S NAME Curtis Murphy			13b. MOTHER'S MAIDEN NAME Maggie Hobson			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W W # 2			16. SOCIAL SECURITY NO. 491-18-0195		17. INFORMANT Address Robert Murphy 4139 Delmar Blvd				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) ventricular fibrillation								1 hour	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) aortic aneurysm - 15 years									
DUE TO (c) 022x									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year		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, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from FEB. 9, 1960 to FEB. 12, 1960 and last saw her/him alive on FEB. 12, 1960 Death occurred at 4:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE FR Bradley (Degree or title) M. D.				22b. ADDRESS BARNES HOSPITAL				22c. DATE SIGNED 2/14/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-19-60		23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) St. Louis Co Mo		(State)	
24. FUNERAL DIRECTOR JAS H. RANDLE & SON 3133 Bell Ave				25. DATE RECD. BY LOCAL REG. FEB 16 1960		26. REGISTRAR'S SIGNATURE Leon Smith, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

2218

HARRIS HOSPITAL

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Esther K. Harris

Licensed Embalmer No. 445
P. O. Address 4181 7/10

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.