

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013004

FILED VS APR 12 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3629** STATE FILE NUMBER

Albert H. Hoppe Inc. 4700 Washington Rowland-Aker Mort. 5/24/60 mns
 3, 8, 15 Milton F. Murphy, 1/11/1987, Spanish Amer. Milton Murphy, --?, ? 5/21/60 mns
 BY AFFIDAVIT OF Funeral Director DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Mo.		Length of stay in lb		c. CITY OR TOWN ST. LOUIS, MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. # 1		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS St. Louis City Hosp. #1, 2717 1/2 S. Broadway	
3. NAME OF DECEASED (Type or print) First MILTON Middle F. Last MURPHY			4. DATE OF DEATH Month Feb. Day 22 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> ? Divorced <input type="checkbox"/>	8. DATE OF BIRTH ??/1/11/887	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) UNKNOWN	
10c. CITIZEN OF WHAT COUNTRY ?		13a. FATHER'S NAME ?		13b. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. No Spanish American		17. INFORMANT ST. LOUIS CITY HOSP. #1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebrovascular disease					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)					331X
DUE TO (c)					
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 2/14/60 to 2/22/60 and last saw him alive on 2/22/60 Death occurred at 6:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dillon Spiry, M.D.			22b. ADDRESS 1515 Lafayette. Ave.		22c. DATE SIGNED 2/22/60
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE MAR 31 1960	23c. NAME OF CEMETERY OR CREMATORY Anatomical Board National Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Mo. Jefferson Barracks, Mo.	
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc. 4700 Washington		25. DATE RECD. BY LOCAL REG. MAR 31 1960		26. REGISTRAR'S SIGNATURE Joan Smith, M.D.	

MAR 13 1961
1000 ST JOHN

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. _____

P. O. Address _____

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