MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-006761
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1333

FILED VS FEB 28 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Saint Louis (4) — Length of stay in 1b: D.O.A.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Louis City Hospital #1 — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: Saint Louis (11) — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3444 Delor Street. — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First JOHN Middle T. Last MURPHY
4. DATE OF DEATH: Month Feb. Day 8. Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/20/09
9. AGE (last birthday): 51 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Beer Bottler
10b. KIND OF BUSINESS OR INDUSTRY: Anheuser-Busch
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Murphy
13b. MOTHER'S MAIDEN NAME: Elizabeth Van Hotegen
14. NAME OF HUSBAND OR WIFE: Anne Murphy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War #2
16. SOCIAL SECURITY NO.
17. INFORMANT: Anne Murphy Address: 3444 Delor St. (11)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Hemorrhage in
DUE TO (b): the left Ventricle.
DUE TO (c): 331x
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at 730 a.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Patrick E. Taylor
22b. ADDRESS: 1306 Clara Ca
22c. DATE SIGNED: 2/9/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 11, 1961
23c. NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery (11)
23d. LOCATION (City, town, or county) (State): Lemay (25) Mo.

24. FUNERAL DIRECTOR ADDRESS: Fendler Und. Co. 7420 Michigan Ave.
25. DATE RECD. BY LOCAL REG.: FEB 9 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

MEDICAL CERTIFICATION

Coroner
1300 Clark Ave.

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Mich

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.