

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-012055
STATE FILE NUMBER

REGISTERED **30 MAR 30 1951** Primary Registration District No. **500** Registrar's No. **790**

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Koch, Mo		Length of stay in 1b 91 days	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 Robert Koch Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3729 Olive St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Cecilia Middle - Last MURPHY	4. DATE OF DEATH Month 3 Day -21 Year -1961
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-5-1899	9. AGE (last birthday) 61.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. OCCUPATION (Give kind of work done during most of working life, even if retired) Nil	10b. KIND OF BUSINESS OR INDUSTRY Nil	11. BIRTHPLACE (City and state or country) Poland	12. CITIZEN OF WHAT COUNTRY U.S.A?
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13a. FATHER'S NAME Anthony Welchyn	13b. MOTHER'S MAIDEN NAME Katherine ?	14. NAME OF HUSBAND OR WIFE Albert Murphy-deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ??	17. INFORMANT Medical Records Koch Hospital
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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)	? Basal artery thrombosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) generalized arteriosclerosis	
	DUE TO (c) 332+	

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
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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.)
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20c. TIME OF INJURY Hour 2-23-61 Month, Day, Year	While a pt at Koch. Suffered left I.T. FX
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Koch Hospital	20f. CITY, TOWN, OR LOCATION Koch, Missouri	COUNTY STATE
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21. I attended the deceased from 12-20-60 to 3-20-61 and last saw her alive on 3-20-61 Death occurred at 1:00 A.M. 3-21-61 m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE Howard G. Lueders (Degree or title)	22b. ADDRESS Koch Hospital, Koch, Mo	22c. DATE SIGNED 3-21-61
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 3/23/61	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
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24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 4216 38th Ave	25. DATE RECD. BY LOCAL REG. 3-22-61	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

APR 10 1961

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 Francis Hillion

Licensed Embalmer No. 3565
P. O. Address 3840 Lind

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.