

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

ED MAY 4 1961

Registration District No. 22215

Primary Registration District No. 21219

Registrar's No. 4077-61-015475

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDED

DOCUMENT

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, MO.			Length of stay in 1b 86 DAYS		c. CITY OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COCHRAN VETERANS HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6329 A SUTHERLAND		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST AUBREY E. MURPHY			4. DATE OF DEATH Month Day Year 4/28/61					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/26/77	9. AGE (last birthday) 84	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) POSTAL WORKER		10b. KIND OF BUSINESS OR INDUSTRY U.S. POST OFFICE	11. BIRTHPLACE (City and state or country) LOVLLACEVILLE, KY.		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME TAYLOR MURPHY		13b. MOTHER'S MAIDEN NAME NANCY SPALDING		14. NAME OF HUSBAND OR WIFE LILLIAN MURPHY				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes, give war or dates of service) YES SP. AM. WAR			17. INFORMANT Address Lillian MURPHY (WIDOW) SEE #2					
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) BRONCHOPNEUMONIA AND INANITION								
DUE TO (b) BRONCHOPLEURO CUTANEOUS FISTULA, POSTOPERATIVE								
DUE TO (c) CARCINOMA OF ESOPHAGUS								
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.) 150x						
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. attended the deceased, from 2/1/61 to 4/28/61 and last saw him alive on 4/28/61 Death occurred at 6:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) ROBERT H. FARLEY, M.D.			22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 4/28/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 5/1/1961	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI				
24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 1936 ST. LOUIS AVE			25. DATE RECD. BY LOCAL REG. APR 29 1961	26. REGISTRAR'S SIGNATURE Earl Smith M.D.				

MEDICAL CERTIFICATION

BY 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4520

P. O. Address H. Sams

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.