

ISSUORI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-022962

STATE FILE NUMBER

AMENDED

Registration District No. 7196 ³¹⁸ Primary Registration District No. 1003 Registrar's No. 6184

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>			Length of stay in 1b <u>7 Days</u>		c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4808 West Florissant Ave.</u>
3. NAME OF DECEASED (Type or print) First <u>RUTH</u> Middle <u>MURPHY</u> Last			4. DATE OF DEATH Month <u>July</u> Day <u>2</u> Year <u>1961</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-29-1893</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home.</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.,</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.,</u>		13a. FATHER'S NAME <u>George Herrmann</u>		13b. MOTHER'S MAIDEN NAME <u>? McBride</u>	
14. NAME OF HUSBAND OR WIFE <u>Mr George F. Murphy</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mr George F. Murphy, 4808 W. Florissant</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
DUE TO (b) <u>Arteriosclerotic cardiovascular disease with decompensation</u>		DUE TO (c) <u>4221</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>	
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 Month, Day, Year a.m. p.m.		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 <u>St. Louis</u>		COUNTY STATE	
21. I attended the deceased from <u>6-23-61</u> to <u>7-2-61</u> and last saw her/him alive on <u>7-2-61</u> Death occurred at <u>10:20 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>John J. Roth</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>634 N. Grand Blvd.</u>	
22c. DATE SIGNED <u>7-3-61</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-5-1961</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery,</u>		23d. LOCATION (City, town, or county) <u>St. Louis, Missouri.</u>		(State)	
24. FUNERAL DIRECTOR <u>Math. Hermann & Son Inc.</u>		ADDRESS <u>2161 E. Fair Ave.</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 3 1961</u>	
26. REGISTRAR'S SIGNATURE <u>Carol Smith</u>		M.D.			

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 *Walter G. Beerley*

Licensed Embalmer No. *4265*

P. O. Address *112 Locust*

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.