

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-035371
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2399

FILED SEP 19 1961

AMENDED
 DATE AMENDED
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF
 DOCUMENT
 MEDICAL CERTIFICATION
 INSTAED OF

1. PLACE OF DEATH a. COUNTY St. Louis		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 Normandy		Length of stay in 1b 45 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 Normandy Osteopathic		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8553 Mora Lane Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last BERNADETTA (Bernice) McMurrough			4. DATE OF DEATH Month Day Year August 26, 1961
5. SEX Female	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 10-4-1898
9. AGE (last birthday) 62		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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME FRANCIS M. FARBER	
13b. MOTHER'S MAIDEN NAME MARY E SHAWN		14. NAME OF HUSBAND OR WIFE Roy J. McMurrough	
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 ROY J. McMURROUGH		Address 8553 MORA LANE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac arrest.			INTERVAL BETWEEN ONSET AND DEATH 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Metastatic adenocarcinoma of left breast			5 yrs
DUE TO (c) Adenocarcinoma of left breast.			6 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170 X			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 1-15-61 to 8-26-61 and last saw her alive on 8-26-61 Death occurred at 4:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. J. Farley D.O. (Degree or title)		22b. ADDRESS 6603 Lullian St. St. Louis, Mo.	22c. DATE SIGNED 8-26-61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE AUG 28, 1961	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
24. FUNERAL DIRECTOR BUCHHOLZ		ADDRESS 5967 W. FLORISSANT	25. DATE RECD. BY LOCAL REG. 8-25-61
26. REGISTRAR'S SIGNATURE J. E. Murphy M.D.			

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 Buchholz

Licensed Embalmer No. 45516

P. O. Address A. Lou

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.