

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-013613
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1087

FILED APR 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14005

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Length of stay in 1b 2 1/2 Day's	c. CITY OR TOWN Florissant
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 864 Loyola Dr.
3. NAME OF DECEASED (Type or print) First MARY Middle FRANCES Last MURPHY		4. DATE OF DEATH Month April Day 3 Year 1962	
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 12/31/89
9. AGE (last birthday) 72		IF UNDER 1 YEAR Months 72	IF UNDER 24 HR Hours 72 Min. 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Homemaker	11. BIRTHPLACE (City, and state or country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME John J. Shea	
13b. MOTHER'S MAIDEN NAME Lillian Lisbourne		14. NAME OF HUSBAND OR WIFE Frank J. Murphy	
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. None	17. INFORMANT John Murphy Address 860 Loyola Dr.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure DUE TO (b) Pneumonia and Senile Emphysema DUE TO (c) Acute Renal Failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
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 31 March 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 St. Louis COUNTY Mo. STATE Mo.
21. I attended the deceased from 31 March to 3 April 62 and last saw her/him alive on 2 April 62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles W. Sneyd M.D. (Degree or title)		22b. ADDRESS 525 St. Francois, Florissant	22c. DATE SIGNED 4 April 62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/6/62	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
24. FUNERAL DIRECTOR Cullen Kelly ADDRESS 7267 Natural Bridge		25. DATE RECD. BY LOCAL REG. 4-4-62	26. REGISTRAR'S SIGNATURE [Signature]

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 James A. Summers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.