

FILED APR 8 1949
#90012

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10459
2814

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

17

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY ME #1	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 17	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 4147 LAFAYETTE 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First)	b. (Middle)	c. (Last)	March 26, 1949	
HUGH MURPHY				

5. SEX MALE U	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 7, 1888	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 3	IF UNDER 12 HRS. Days 19
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILLWRIGHT	10b. KIND OF BUSINESS OR INDUSTRY RETIRED IN 1923	11. BIRTHPLACE (State or foreign country) ARKANSAS	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME B.A. MURPHY	13b. MOTHER'S MAIDEN NAME IRENE HOLLIS	14. NAME OF HUSBAND OR WIFE LISSIE MURPHY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lissie Murphy	ADDRESS 4147 Lafayette Ave.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid colon		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) H DUE TO (c) 153X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11/11/48, to 3/26/49, that I last saw the deceased alive on 3/26/49, 1949, and that death occurred at 2:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE William W. Carter (Degree or title)	23b. ADDRESS 1515 Lafayette Ave.,	23c. DATE SIGNED 3/28/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3-29-49	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.
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DATE REC'D BY LOCAL REG. OFFICE MAR 28 1949	REGISTRAR'S SIGNATURE J. B. Carter	25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER	ADDRESS 4228 S. KINGS HIGHWAY
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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.

Signed _____

Richard W. Stovesand

Signed _____
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.