

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17544

State File No. _____

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4113											
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, write RURAL and give township) OR TOWN ST. LOUIS				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS													
d. FULL NAME OF HOSPITAL OR INSTITUTION INFIRMARY HOSPITAL				d. STREET ADDRESS (If rural, give location) 5800 ARSENAL													
3. NAME OF DECEASED (Type or Print) JOHN			a. (First)			b. (Middle)			c. (Last) MURPHY			4. DATE OF DEATH (Month) (Day) (Year) 5-5-1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 6-20-1869		9. AGE (In years last birthday) 79		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 WKS. Hours		IF UNDER 1 WKS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer				10b. KIND OF BUSINESS OR INDUSTRY Retired				11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME James Murphy				13b. MOTHER'S MAIDEN NAME Annie Kearnan				14. NAME OF HUSBAND OR WIFE _____									
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. No				17. INFORMANT'S SIGNATURE OR NAME Clinton L. Skinner				ADDRESS 105 Chestnut St.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heemia ANTECEDENT CAUSES : Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Encephalomalacia Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis								INTERVAL BETWEEN ONSET AND DEATH 3 wks					
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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) 130 (STATE) _____									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 446X									
22. I hereby certify that I attended the deceased from May 1 , 19 49 , to 5-5 , 19 49 , that I last saw the deceased alive on 5-5 , 19 49 and that death occurred at 9:40 m., from the causes and on the date stated above.																	
23a. SIGNATURE (Degree or title) Masao Ohmats M.D.						23b. ADDRESS 5800 Arsenal						23c. DATE SIGNED 5/5/49					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal				24b. DATE 5-10-1949				24c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery				24d. LOCATION (City, town, or county) (State) Troy Mo. Mo					
DATE REC'D BY LOCAL REG. MAY 7 1949				REGISTRAR'S SIGNATURE J. B. Sauter				25. FUNERAL DIRECTOR'S SIGNATURE Ziegenbein Bros				ADDRESS 6409 Gravois Ave					

(Licensed Embalmer - Statement on Reverse Side)

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

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 _____

Henry W. Brammer

Signed _____

Student Embalmer

Licensed Embalmer No. _____

4200

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