

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39103**
9512
Registrar's No. _____

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		_____	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			d. STREET ADDRESS (If rural, give location) 27-1702 Papine			
3. NAME OF DECEASED (Type or Print) Sebe		a. (First)	b. (Middle)	c. (Last) Murphy	4. DATE OF DEATH (Month) (Day) (Year) Nov. 2 1949	
5. SEX M	6. COLOR OR RACE col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 8, 1888	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Miss		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Willis Murphy		13b. MOTHER'S MAIDEN NAME Jane	14. NAME OF HUSBAND OR WIFE Augusta Murphy		_____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Augusta Murphy 1702 Papine			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease			INTERVAL BETWEEN ONSET AND DEATH Undet.
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined			
			DUE TO (c) _____			
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Glomerulonephritis			Undet.
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) _____		(STATE) 131	
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? 592X				
22. I hereby certify that I attended the deceased from 10-12 , 19 49 , to 11-2 , 19 49 , that I last saw the deceased alive on 11-2 , 19 49 and that death occurred at 12:35 p.m. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) James J. Hedrick D. II			23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 11-3-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 6/49	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem	24d. LOCATION (City, town, or county) (State) St. Louis MO			
DATE REC'D BY LOCAL REG. NOV 4 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS J. G. Allen 4214 Delmar		

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.

Student

Student Embalmer

Signed.....

F. H. Green

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

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.