

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **35163**  
**8462**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE WHERE DECEASED LIVED. If institution: residence before admission: a. STATE <b>Mo.</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>1 Mon</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		<b>2209</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>2301a Warren St.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>T.</b> c. (Last) <b>Murphy</b>			4. DATE OF DEATH (Month) <b>10</b> (Day) <b>5</b> (Year) <b>50</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>9-29-1885</b>		9. AGE (In years last birthday) <b>65</b>	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) <b>Machinist</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>James Murphy</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Vaughn</b>		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)		16. SOCIAL SECURITY NO. <b>488-01-8050</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Alida Murphy</b>				ADDRESS <b>2301 a Warren St.</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinomatosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of sigmoid</b>				DUE TO (c) _____			<b>3 years.</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____								
19a. DATE OF OPERATION <b>6-21-47</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of sigmoid</b>				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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>10-5-50 4 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>153X</b>				
22. I hereby certify that I attended the deceased from <b>5-22</b> , 19 <b>47</b> , to <b>10-5</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>10-5</b> , 19 <b>50</b> , and that death occurred at <b>4 p.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>M. Norman Orel</b>				23b. ADDRESS <b>505 W. M. Grand, St. Louis, Mo.</b>		23c. DATE SIGNED <b>10/6/50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-9-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>			
DATE REC'D. BY LOCAL REG. <b>OCT 7 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Sasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodhart &amp; Goodhart</b>				ADDRESS <b>2228 St. Louis Av</b>

(Licensed Embalmer's Statement on Reverse Side)

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*ml*

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 MR

working under my personal supervision.

Student Embalmer No.....

Signed *W. Wilkins*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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