

STANDARD CERTIFICATE OF DEATH

State File No. 42641 16991 Registrar's No.

#112740

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY 0 b. CITY OR TOWN St. Louis, Missouri c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1. 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY 266 c. CITY OR TOWN St. Louis, MO d. STREET ADDRESS (If rural, give location) 6 5205 Cote Brillante

3. NAME OF DECEASED a. (First) CATHERINE b. (Middle) MURPHY c. (Last) MURPHY 4. DATE OF DEATH (Month) (Day) (Year) December 22, 1950

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Gen. Married 8. DATE OF BIRTH Jan 28 1912 9. AGE (In years last birthday) 38 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed 11. BIRTHPLACE (State or foreign country) 9 12. CITIZEN OF WHAT COUNTRY?

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Daniel Murphy 13b. MOTHER'S MAIDEN NAME Nellie Hickey 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) None 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Daniel Murphy ADDRESS

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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary TBC ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Deficiency 20. AUTOPSY? YES NO X

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? at 2X

22. I hereby certify that I attended the deceased from 7/1/50 to 12/22/50, 19, that I last saw the deceased alive on 12/22/50, 19, and that death occurred at 3:15pm m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mary A. Buhler M.D. 23b. ADDRESS 1515 Lafayette Ave., 23c. DATE SIGNED 12/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE Dec. 26, 1950 24c. NAME OF CEMETERY OR CREMATORY Calvary 24d. LOCATION (City, town, or county) (State) St. Louis, MO

DATE REC'D BY LOCAL REG. DEC 24 1950 REGISTRAR'S SIGNATURE J. B. Lacater 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1389 Union Blvd

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
J. Allen Davis

Signed.....
Student Embalmer

Licensed Embalmer No.....
4053

P. O. Address.....
W. L.

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.