

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18964

FILED JUN 7 1951

State File No. 2282
Registrar's No. 2282

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		State File No. <u>2282</u>		Registrar's No. <u>2282</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>St. Louis</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pine Lawn MO.</u>		c. LENGTH OF STAY (in this place) <u>10 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis MO.</u>		OR TOWN <u>4151</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrock Home</u>				d. STREET ADDRESS (If rural, give location) <u>3709 Manoir Pine Lawn Mo.</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel D</u> b. (Middle) <u>Murphy</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1951</u>								
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 21, 1876</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Other kind of work done during most of working life, even if retired) <u>Policeman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Police Officer.</u>		11. BIRTHPLACE (State or foreign country) <u>Ireland.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					
13a. FATHER'S NAME <u>Daniel Murphy.</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown.</u>			14. NAME OF HUSBAND OR WIFE <u>Nellie Murphy.</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dennis Murphy.</u>		ADDRESS <u>Wabada Ave.</u>					
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) <u>Cerebral malacia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u>				
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Parkinson's Syndrome</u> <u>1 year</u>										
	DUE TO (c) <u>arteriosclerotic Cardiovascular disease.</u> <u>8 years</u>										
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1 Emphysema</u> <u>2 Decubitus ulcers</u>										
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) <u>4221</u>							
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? _____							
22. I hereby certify that I attended the deceased from <u>July 16, 1950</u> , to <u>May 24, 1951</u> , that I last saw the deceased alive on <u>May 21, 1951</u> , and that death occurred at <u>9 A. M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Lewis Littmann MD</u> (Degree or title)				23b. ADDRESS <u>8231 Clayton Rd (17)</u>			23c. DATE SIGNED <u>5/26/51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 28, 1951.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery, St. Louis, MO.</u>		24d. LOCATION (City, town, or county) (State) _____					
DATE REC'D BY LOCAL REG. <u>5-26-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>1389 Union</u>					

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ronald G. Shabe

Signed.....
Student Embalmer

Licensed Embalmer No. 3917

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.