No. 300
10.48

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10834

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 600

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City
c. LENGTH OF STAY (In this place): 32
d. FULL NAME OF HOSPITAL OR INSTITUTION: 6515 Plymouth Ave.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): University City 4326
d. STREET ADDRESS (If rural, give location): 6515 Plymouth Ave.,

3. NAME OF DECEASED (Type or Print)
a. (First): Oliver
b. (Middle): /
c. (Last): Murphy

4. DATE OF DEATH (Month) (Day) (Year): March 3, 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 16, 1893.
9. AGE (In years last birthday): 58 — 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): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Wabash R.R.
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Oliver Murphy
13b. MOTHER'S MAIDEN NAME: Catherine Kaveny
14. NAME OF HUSBAND OR WIFE: Josephine Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): #1
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Josephine Murphy — **ADDRESS**: 6515 Plymouth Ave.,

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) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of Parotid Gland — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 1451

19a. DATE OF OPERATION: Jan. 3, 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Parotid Gland; Metastatic Carcinoma to Lymph Gland
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 27, 1951, *to* March 3, 1951, *that I last saw the deceased alive on* Feb. 26, 1951, *and that death occurred at* 20 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE: Eugene T. Dmytryk, M.D. (Degree or title)
23b. ADDRESS: University Club Bldg.
23c. DATE SIGNED: 3-4-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 6, 1952
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cem.,
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 3-5-52
REGISTRAR'S SIGNATURE: Herbert R. Donke MD
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: Jos. W. Clark 1125 Hodiamont Ave.,

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. E.T.Dmytryk,
University Club Bldg.
JE. ~~0200~~ 0020

130 Tot.

516

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 John J. [illegible]

Licensed Embalmer No. 4108

P. O. Address St Louis MO

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.