

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14600**  
**3448**

**FILED APR 25 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>21st</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1915 Maury Avenue.</b>		d. STREET ADDRESS (If rural, give location) <b>1915 Maury Avenue</b>	

3. NAME OF DECEASED (Type or Print) <b>Raymond E. Murphey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 9 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 23 1890</b>		9. AGE (In years, last birthday) <b>61</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician (retired)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>	

13a. FATHER'S NAME <b>Samuel Murphey</b>		13b. MOTHER'S MAIDEN NAME <b>Theresa Murphey</b>		14. NAME OF HUSBAND OR WIFE <b>Marie Engel Murphey</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO.</b>		16. SOCIAL SECURITY NO. <b>709-09-9078</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marie Engel Murphey 1915 Maury Ave.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ARTERIO SCLEROTIC HEART DISEASE</b>		INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b> <b>5 year</b>	
	DUE TO (b) <b>CHRONIC ASTHMATIC BRONCHITIS</b> <b>EMPHYSEMA</b>			
	DUE TO (c) <b>LAENNEC CIRRHOSIS</b> <b>CHRONIC ULCERATIVE COLITIS</b>			
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)	
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? <b>4:200</b>	

22. I hereby certify that I attended the deceased from **JULY 23, 1951**, to **9 APRIL, 1952** that I last saw the deceased alive on **9 APRIL, 1952** and that death occurred at **3:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert A. Mayer M.D.</b>		23b. ADDRESS <b>505 HUMBOLDT BLVD ST. LOUIS 3 MO.</b>		23c. DATE SIGNED <b>4/10/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>April 12 '52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>					

DATE REC'D BY LOCAL REG. <b>APR 12 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith me</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thos. J. Finan and Sons 1519 S. Grand</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1 0 1961

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 S. Dennehy  
Licensed Embalmer No. 4194  
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.