

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32529

State File No.

FILED SEP 16 1952

BIRTH NO.		REG. DIST. NO. 274	PRIMARY REG. DIST. NO. 4410	Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 0819			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION State Federal Soldier's Home		d. STREET ADDRESS (If rural, give location) St. James, Missouri			
3. NAME OF DECEASED (Type or Print) Louise		a. (First)	b. (Middle) Murphree	c. (Last)	
4. DATE OF DEATH 9-8-52		5. SEX Female			
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-26-1868	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 9 Days 18		IF UNDER 24 HRS. Hours Min. 00	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Unknown 9	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown			
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Pearl Fulbright St. James, MO.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Encephalomalacia ANTECEDENT CAUSES DUE TO (b) Senility DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 332X		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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?	
22. I hereby certify that I attended the deceased from Jan 2, 1949, to Sept 7, 1952, that I last saw the deceased alive on Sept 7, 1952 and that death occurred at 5:30 a.m. from the causes and on the date stated above.					
23a. SIGNATURE James J. Roberts MD		23b. ADDRESS St. James, Mo		23c. DATE SIGNED 9/8/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-8-52		24c. NAME OF CEMETERY OR CREMATORY Valhalla	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE A. Ronell Co. 2707 N. Grand Blvd			
DATE REC'D BY LOCAL REG. 9-12-52		REGISTRAR'S SIGNATURE Mrs. Wayne S. Roberts		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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

9-15-52

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.

Signed Ronald Yalovick

Licensed Embalmer No. 3955

Signed.....
Student Embalmer

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.