

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3113**

Registrar's No. **0116**

FILED JAN 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>MO</b>		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 town or township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>2 days</b>	c. CITY OR TOWN <b>St. Louis,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarinate Word Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>3334 Minnesota Ave. 216/0</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clyde</b> b. (Middle) <b>G.</b> c. (Last) <b>Murphey</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 4, 1954</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>Jan. 10, 1892</b>	
9. AGE (In years last birthday) <b>61</b>		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) <b>Inspector</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Steel Foundry</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Mound City, Ill</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>Adolphus Murphey</b>		
13b. MOTHER'S MAIDEN NAME <b>Hattie Freeze</b>		14. NAME OF HUSBAND OR WIFE <b>Mary F. Murphey</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO.</b>		16. SOCIAL SECURITY NO. <b>348-07-2737</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary F. Murphey (wife)</b> ADDRESS <b>3334 Minnesota Ave.</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>  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.		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>	
22. I hereby certify that I attended the deceased from <b>Jan 22, 1954</b> to <b>Jan 4, 1954</b> , that I last saw the deceased alive on <b>1-4, 1954</b> and that death occurred at <b>7 P. m.</b> from the causes and on the date stated above.				
23a. SIGNATURE <b>B. J. McQuinn M.D.</b> (Degree or title)		23b. ADDRESS <b>16 Hampton Kelly Ave.</b>		23c. DATE SIGNED <b>1-5-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 7, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
DATE REC'D BY LOCAL REG. <b>JAN 6 1954</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>	FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Croghan</b> ADDRESS <b>146 Manchester Ave.</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.