

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14062**  
Registrar's No. **3380**

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

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6048 Thekla</u>		d. STREET ADDRESS (If rural, give location) <u>7 6048 Thekla</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marie</u> b. (Middle) <u>Murphy</u> c. (Last) <u>Schmid</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 13 54</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 29, 1903</u>
9. AGE (In years last birthday) <u>50 yrs</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cemetery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Wm. H. Murphy</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Farnen</u>	14. NAME OF HUSBAND OR WIFE <u>Edward Schmid</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>407-10-8576</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Therese Diliberto 6048 Thekla</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>18 mo</u>  <u>9 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanotic Carcinoma of lungs &amp; ribs</u>  ANTECEDENT CAUSES <u>Carcinoma of uterus!</u> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma fundus uteri 2-2 1/2-45</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office/bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>172-X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 2-16, 1954, to 4-13-54, 1954, that I last saw the deceased alive on 4-13, 1954, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E.H. Bowdler M.D.</u> (Degree or title)	23b. ADDRESS <u>634 N. Grand</u>	23c. DATE SIGNED <u>4-15-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/16/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		

DATE REC'D BY LOCAL REG. <u>APR 15 1954</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Cullen Kelly 7267 Natural Bridge</u>
---	--	---

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

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 \_\_\_\_\_

*James G. Summers*

Licensed Embalmer No. \_\_\_\_\_

*4142*

P. O. Address \_\_\_\_\_

*St. Louis*

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.