

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6380**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1260**

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Illinois** b. COUNTY **St. Clair**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **East St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No **8/20**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Missouri Pacific Hospital** e. STREET ADDRESS (If rural, give location) **1100 Gentry Ave**

3. NAME OF DECEASED
a. (First) **PAUL** b. (Middle) **CLIFFORD** c. (Last) **MURPHY**

4. DATE OF DEATH (Month) (Day) (Year) **2 - 9 - 55**

5. SEX **male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED**

8. DATE OF BIRTH **June 12 - 1891**

9. AGE (In years last birthday) **63** IF UNDER 1 YEAR: Months Days IF UNDER 1 MTH: Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Common laborer**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **CLINTON, KENTUCKY**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **UNKNOWN**

13b. MOTHER'S MAIDEN NAME **UNKNOWN**

14. NAME OF HUSBAND OR WIFE **Josephine Murphy**

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. **NONE**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Josephine Murphy 1100 Gentry 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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Pneumonia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Aneurysm of abdominal aorta**
DUE TO (c) **Arteriosclerosis**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Thrombosis of iliac vein

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH
2 days
3 yrs.
1 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 **452X**

22. I hereby certify that I attended the deceased from **Dec 31, 1954**, to **Feb 9, 1955**, that I last saw the deceased alive on **Feb 8, 1955**, and that death occurred at **5:35A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Donald E. Hosts M.D. of Mo. Pacific Hosp.**

23b. ADDRESS

23c. DATE SIGNED **2/10/55**

24a. BURIAL, CREMATION, REMOVAL

24b. DATE **2-10-55**

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) **EAST ST LOUIS ILL**

DATE REC'D BY LOCAL REG. **FEB 10 1955**

REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Harry Robins E St Louis**

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.....
Signature of Student Embalmer

Signed.....
Frank Prokoff

Licensed Embalmer No. 435

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