

FILED OCT 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31904**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **2149**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Bellefontaine Neighbors		c. CITY OR TOWN Bellefontaine Neighbors	
c. LENGTH OF STAY (in this place) Typ 2 weeks		d. STREET ADDRESS (If rural, give location) 10695 Bellefontaine Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis State Training School			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) _____ c. (Last) MURPHY			4. DATE OF DEATH (Month) 9 (Day) 10 (Year) 1955		
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH 11-16-1927		9. AGE (In years last birthday) 27		10. CITIZEN OF WHAT COUNTRY U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) St. Louis, Mo	

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME Hazel Murphy		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) /		16. SOCIAL SECURITY NO. /		17. INFORMANT'S SIGNATURE OR NAME Records of St. Louis Training School ADDRESS 10695 Bellefontaine Rd.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epileptic Seizure		DUE TO (b) Epilepsy		5 months	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		since birth	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Swind - Mental Retardation				since birth	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3533		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 **6-18** ^{10:48} to **9-10**, 19**55**, that I last saw the deceased alive on **9-10**, 19**55**, and that death occurred at **5:07 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Edward P. Wolff, M.D. (Degree or title)		23b. ADDRESS 10695 Bellefontaine Road		23c. DATE SIGNED 9/10/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) St. Louis		24e. (State) Mo		25. FUNERAL DIRECTOR'S SIGNATURE ms ADDRESS 7267 Natural Bridge	
DATE REC'D BY LOCAL REG. 9-14-55		REGISTRAR'S SIGNATURE Herbert R. Dombke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Cullane & Kelly ADDRESS 7267 Natural Bridge	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Not embalmed

working under my personal supervision.

Student Embalmer No.....

Signed.....

James A. Lammers

Signed.....

Student Embalmer

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.