

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6400

State File No.

318

1003

Registrar's No. 1435

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE _____ b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give town) **ST. LOUIS, MISSOURI** c. LENGTH OF STAY (in this place) **1-mon.**
c. CITY OR TOWN **St. Louis** d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL #1.**
e. STREET ADDRESS (If rural, give location) **5800 Arsenal City Infirmery**

3. NAME OF DECEASED (Type or Print) a. (First) **CECELIA** b. (Middle) _____ c. (Last) **DURPHY**
4. DATE OF DEATH (Month) (Day) (Year) **FEB. 8, 1956**

5. SEX **F.** 6. COLOR OR RACE **W.** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **W.**
8. DATE OF BIRTH **Mar. 2, 1874** 9. AGE (In years last birthday) **81** IF UNDER 1 YEAR Months **11** Days **6** IF UNDER 6 HRS. Hours **_____** Min. **_____**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **At Home**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **Thomas F. Dockery** 13b. MOTHER'S MAIDEN NAME **Margaret Maureen** 14. NAME OF HUSBAND OR WIFE **Charles Durphy**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME **Mr. William F. McKeone** ADDRESS **6011 Pershing Ave.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Uremia**
Chronic Glomerular nephritis
ANTECEDENT CAUSES **Chronic Glomerulo-hepatic**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
Morbidity 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 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) **592x**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **1-6**, 19**56**, to **2-8**, 19**56**, that I last saw the deceased alive on **2-8**, 19**56**, and that death occurred at **2:45 PM** from the causes and on the date stated above.

23a. SIGNATURE **Wm. N. Blalock** (Degree or title) _____ 23b. ADDRESS **M.D. 1515 LAFAYETTE AVE.** 23c. DATE SIGNED **2-9-56.**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Feb. 11, 1956** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri.**

DATE REC'D BY LOCAL REG. **FEB 10 1956** REGISTRAR'S SIGNATURE **J. Carl Smith** FUNDERAL DIRECTOR'S SIGNATURE **Arthur J. Donnelly** ADDRESS **3840 Lindell Blvd**

(Licensed Embalmer's Statement on Reverse Side)

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

Student.....
Signature of Student Embalmer

Signed *W. M. Hayden*.....

Licensed Embalmer No. 46.....

P. O. Address 3840.....

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.