

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039579

FILED VS NOV 16 1959

STATE FILE NUMBER

Registration District No. 111 Primary Registration District No. 4183 Registrar's No. 34

ENDED

1. PLACE OF DEATH a. COUNTY <u>Franklin</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, give TOWNSHIP only) OR TOWN <u>Pacific Home</u>		Length of stay in 1b <u>16 da.</u>	c. CITY OR TOWN <u>St Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Colbett Nursing</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5407 Lisette ave</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>EDWARD D MURPHY</u>			4. DATE OF DEATH Month Day Year <u>Nov 9 1959</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 18 1878</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrical Mech.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Natl Lead Co</u>	11. BIRTHPLACE (City and state or country) <u>Minneapolis Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Mr. J. Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Emeline Thurman</u>		14. NAME OF HUSBAND OR WIFE <u>Conce E. Murphy</u>	
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no (or unknown)) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-07-5423</u>		17. INFORMANT Address <u>Conce E. Murphy - 5407 Lisette Ave.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis hypertensive disease?</u>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>General atherosclerosis.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Oct 25, 1959 to Nov 9, 1959 and last saw her alive on Nov 9, 1959
Death occurred at 1:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. W. Greener</u> (Degree or title)	22b. ADDRESS <u>Pacific</u>	22c. DATE SIGNED <u>11/9/59</u> (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Nov. 11 - 59</u>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>	23d. LOCATION (City, town, or county) <u>St Louis Co Mo</u>
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25. DATE RECD. BY LOCAL REG. <u>Nov. 10 - 1959</u>	26. REGISTRAR'S SIGNATURE <u>Mary B. Gross</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

24. FUNERAL DIRECTOR ADDRESS
Kriegshauser - 4228 S. Kingsway

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edwin A McSpencer

Licensed Embalmer No. 3094

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.