URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

60-021324

STATE FILE NUMBER

FILED VS MAY 25 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4949

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3959 Finney
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Clarence Middle Last Murphy
4. DATE OF DEATH Month May Day 8 Year 1960
5. SEX Male
6. COLOR OR RACE Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-14-1908
9. AGE (last birthday) 51
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Pleasant Ridge, Ala
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George Murphy
13b. MOTHER'S MAIDEN NAME Mason Louis
14. NAME OF HUSBAND OR WIFE
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 Mattie Boston 3959 Finney Address —

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Diffuse Peritonitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Penetrating stab wound of Abdomen
DUE TO (c) 982x
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Injured while stabbed with knife
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☒
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) In the hands of one James Leaper in front of about 704 Hamilton Ave., about 7:15 pm
20c. TIME OF INJURY Hour 715 a.m. p.m. Month, Day, Year 5-2-60 May 2, 1960.
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
20f. CITY, TOWN, OR LOCATION St Louis COUNTY STATE Mo.
21. I attended the deceased from ____, to ____ and last saw her him alive on ____
Death occurred at 545 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Patrick Taylor Carouse (Degree or title)
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 5.10.60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE May 14, 1960
23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery
23d. LOCATION (City, town, or county) St. Louis Co (State) Mo.
24. FUNERAL DIRECTOR Reliable Funeral Sys, Inc. ADDRESS 1389 N. Union
25. DATE RECD. BY LOCAL REG. MAY 10 1960
26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

(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 _____ Signed Paul V. Freeman

Signature of Student Embalmer

Licensed Embalmer No. 4686

P. O. Address 1389 Union

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.