

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046676

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11578 STATE FILE NUMBER

FILED DEC 18 1961

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis</u>                   |  | c. CITY OR TOWN <u>St. Louis</u>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>1915 Marcus</u>   |  |

|   |                                  |   |  |  |   |
|---|----------------------------------|---|--|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>Earnest S. Murff</u>                                   |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>12 8 61</u>               |  |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>Negro</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>10/25/94</u>                                | 9. AGE (last birthday)<br><u>67</u>                        | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired</u>         |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Construction</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Attala, Miss.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>               |   |
| 13a. FATHER'S NAME<br><u>Richard Murff</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary (Unknown)</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Georgia Murff</u>        |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u> |                                  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT Address<br><u>Georgia Murff, 1915 Marcus</u> |   |

|   |  |   |
|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Uremia</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Undet.</u> |
| DUE TO (b) <u>Obstructive Uropathy</u>  |  | <u>Undet.</u>                                     |
| DUE TO (c) <u>792x</u>  |  |   |

|  |  |  |  |
|--|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Arteriosclerotic Heart Disease</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|--|--|--|--|

|   |   |  |  |
|---|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour <u>11</u> Month, Day, Year<br>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<br><u>St. Louis</u> | COUNTY<br><u>Mo.</u> | STATE |
|--|--|--|----------------------|-------|

21. I attended the deceased from 11-27-61 to 12-8-61 and last saw <sup>him</sup> alive on 12-8-61  
Death occurred at 3:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|   |  |                                     |
|---|--|-------------------------------------|
| 22a. SIGNATURE<br><u>Sydney W. Finney, M.D.</u> (Degree or title) | 22b. ADDRESS<br><u>2601 N. Whittier Street</u> | 22c. DATE SIGNED<br><u>12-11-61</u> |
|---|--|-------------------------------------|

|   |                              |  |  |
|---|------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> | 23b. DATE<br><u>12/13/61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Washington Park</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis Co., Mo.</u> |
|---|------------------------------|--|--|

|  |         |  |  |
|--|---------|--|--|
| 24. FUNERAL DIRECTOR<br><u>Charles J. Gates, 4107 Finney</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br><u>DEC 12 1961</u> | 26. REGISTRAR'S SIGNATURE<br><u>Earl Smith, M.D.</u> |
|--|---------|--|--|

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF Removal - "B" was determined

**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 *Georton Swann*  
Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.