

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6864 -62-028996  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. \_\_\_\_\_

**FILED JUL 31 1962**

1. PLACE OF DEATH a. COUNTY		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>St. Louis</u>		Length of stay in 1b	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>H. &amp; Phillips</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1383 Burd</u>
3. NAME OF DECEASED (Type or print) First <u>Lee</u> Middle Last <u>Murphy, Jr.</u>		4. DATE OF DEATH Month <u>July</u> Day <u>9</u> Year <u>1962</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-26-1918</u>	9. AGE (last birthday) <u>43</u>	IF UNDER 1 YEAR 7 months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Decorator</u>		11. BIRTHPLACE (City and state or county) <u>Columbus, Miss.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lee Murphy</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Webba</u>		14. NAME OF HUSBAND OR WIFE <u>Willie Mae Murphy</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Willie Mae Murphy</u> Address <u>1383 Burd</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) Commenced fracture (depressed) of the skull involving the left cerebrum with lacerations; compound fx. of both tibiae; suffered fall from scaffold while working at 1231 Hamilton Ave, about 10:35 a.m.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) fall from scaffold DUE TO (c) July 9-62

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 902.3-06

PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>fell from scaffold</u>
20c. TIME OF INJURY Hour <u>10:35</u> a.m. Month, Day, Year <u>7 9 62</u>		

20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <u>1231 Hamilton Ave</u>	20f. CITY, TOWN, OR LOCATION <u>St. Louis Mo</u>	COUNTY	STATE
22. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>11:00 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

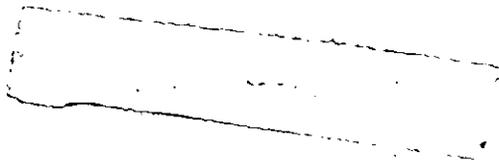
22a. SIGNATURE (Degree or title) <u>Joseph M. Duern</u>		22b. ADDRESS <u>1200 Clair</u>		22c. DATE SIGNED <u>7-12-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)		
<u>Burial</u>	<u>7-16-62</u>	<u>Greenwood</u>	<u>St. Louis Co MO.</u>		
24. FUNERAL DIRECTOR <u>F. A. Green</u> ADDRESS <u>4214 Delmar</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 12 1962</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DATE AMENDED  
 ITEM NO. SHOULD READ

VS 300 Rev. 4/59	
1	
2	<u>20/69</u>
3	
4	<u>2</u>
5	<u>2</u>
6	
7	<u>1</u>
8	<u>1</u>
9	
10	
11	<u>000</u>
12	<u>77.3</u>
13	

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF



**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 F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Selman

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.