MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-013635

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3439

FILED MAR 28 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	
2	209
3	
4	0
5	1
6	
7	0
8	1
9	
10	
11	
12	80-0
13	
	80

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 11 years

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis State Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 4300a Blair — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Harvey Middle Andrew Last Murphy, SR.

4. DATE OF DEATH Month March Day 22nd. Year 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 4/7/96

9. AGE (last birthday) 66 yrs — 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) Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Murphy

13b. MOTHER'S MAIDEN NAME Mary Sullens

14. NAME OF HUSBAND OR WIFE Bertha Ivery Murphy

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. [redacted]8

17. INFORMANT Hospital records — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause p[redacted]

PART I. DEATH WAS CAUSED B[redacted]

IMMEDIATE CAUSE (a) Bronchopneumonia bilateral

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Emphysema with cor pulmonale

DUE TO (c) Generalized arteriosclerosis 5271

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)

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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 3, 1952, to March 22, 1963 and last saw her/him alive on March 22, 1963

Death occurred at 10:10 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Allen Johnson (Degree or title) Allen J. Johnson M.D.

22b. ADDRESS 5400 Arsenal St.

22c. DATE SIGNED 2-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 3-26-1963

23c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS Stock Mortuaries, 2117 E. Grand Bl.

25. DATE RECD. BY LOCAL REG. MAR 25 1963

26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

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_____ Signed Paul A. Wachter

Signature of Student Embalmer

Licensed Embalmer No. 4787

P. O. Address St Louis Mo

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.