

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026217

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registered on Form No. **348** Primary Registration District **1003** Registrar's No. **6392** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

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VS 300  
Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>		c. CITY OR TOWN <b>Pevely</b>	
Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>Route 1</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <b>Edward</b> Middle <b>D.</b> Last <b>Murphy</b>			Month <b>June</b> Day <b>15</b> Year <b>1963</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/27/1908</b>	9. AGE (last birthday) <b>55</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>High School</b>		11. BIRTHPLACE (City and state or country) <b>Pevely, Mo.</b>	
13a. FATHER'S NAME <b>Daniel W. Murphy</b>		13b. MOTHER'S MAIDEN NAME <b>Victoria Koch</b>		14. NAME OF HUSBAND OR WIFE <b>Laurice Murphy</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Laurice Murphy, Pevely, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		<b>1 hour</b>
IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>		
DUE TO (b) <b>Arterio-sclerotic coronary artery thrombosis</b>		
DUE TO (c) <b>4201</b>		

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.	
<b>Arterio-sclerotic and Hypertensive Cardio-vascular disease</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)	
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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 **5/18/63** to **6/15/63** and last saw him alive on **6/14/63**  
 Death occurred at **2:10 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Edward W. Gehrman, M.D.</b>	22b. ADDRESS <b>3701 Grand St</b>	22c. DATE SIGNED <b>6/17/63</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-18-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Zion Lutheran Cemetery</b>	23d. LOCATION (City, town, or county) <b>Pevely, Mo.</b>
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24. FUNERAL DIRECTOR <b>Heilitag Funeral Home, Imperial, Mo.</b>	ADDRESS	DATE OF REGISTRATION <b>JUN 17 1963</b>	REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>
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USE BLACK INK OR TYPEWRITER RIBBON

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FILED JUN 21 1963

JUN 17 1963

**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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.