N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

6183

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003 File No. 1361

City St Louis (No. 4718 Ashland Court St. ..... Ward) Registered No. 1361

2. FULL NAME Francis J Murphy Jr

(a) Residence. No..... St., 101 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 3rd 1927

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer).....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) St Louis

PARENTS

10. NAME OF FATHER Francis J Murphy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Omaha Neb.

12. MAIDEN NAME OF MOTHER Emma M Preis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) St Louis

14. INFORMANT Francis J Murphy
(Address) 4718 Ashland Court

15. FILED FEB -8 1927, 19 May C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6th 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 3rd, 1927 to Feb 6th, 1927 that I last saw him alive on Feb 6th, 1927, and that death occurred, on the date stated above, at 11 30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intern: Meningitis.
18-1 B

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Same

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Fred P. Gille, M. D

2/7, 1927 (Address) 2702 N Grand Ave

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary — DATE OF BURIAL 2-8 1927

20. UNDERTAKER Arthur J Donnelly — ADDRESS 2039 Walton

Mr Jelle

2602 N Grand -

Lock 0360

2-3