

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

Do not use this space.

21801

1. PLACE OF DEATH

County... *St. Louis*

Registration District No. *1170*

Township...

Primary Registration District No. *6018*

City... *Richmond Heights*

St. *Mary Hospital*

File No.

Registered No. *139*

St.

Ward

2. FULL NAME

(a) Residence. No. *5515 Hebert*

St.

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yr.

mos.

da.

How long in U.S., if of foreign birth?

yr.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Emma Murphy

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

March 17 1890

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, *hrs.* or *min.*

38

2

25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Electrician

(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)

Mo.

10. NAME OF FATHER

Martin Murphy

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky

12. MAIDEN NAME OF MOTHER

Mary Ann Pitt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT (Address)

*Mr. Emma Murphy
5515 Hebert St*

15.

FILED

6/12, 1928 C. L. Jewell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

6-12

1928

17.

I HEREBY CERTIFY That I attended deceased from *June 3, 1928*, to *6-12, 1928*, that I last saw him alive on *6-12, 1928*, and that death occurred, on the date stated above, at *3:45 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis

121B 117B

CONTRIBUTORY (SECONDARY)

Uraemia

(duration) *9* yrs. *4* mos. *4* da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *yes* DATE OF *6/5/28*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Thomas M. Martin*, M. D.

6/12, 1928 (Address) *St. Mary's Hospital*

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Farmington Mo

6-14 1928

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly

2039 W. Ash

W. 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.

WHITE PAINCY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Sept 11 536

D. V. H.

Wm. H. H.

D. J. H. H.