

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

Do not use this space.

**29310**

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City..... (No....., St..... Ward)

Registration District No. 289  
Primary Registration District No. 60330B

File No.....  
Registered No. 260

**2. FULL NAME**

Bernard Murphy  
(a) Residence. No. 2954 Bellvue Ave. St. St. Louis 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 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 Margaret

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17 - 1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>80</u>	<u>4</u>	<u>22</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Grade Crossing  
(b) General nature of industry, business, or establishment in which employed (or employer) Watchman  
(c) Name of employer Metrol R.R.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ireland

10. NAME OF FATHER John Murphy

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT James Galberker

(Address) 2954 Bellvue Ave.

15. FILED 8/10 1931 Irma Grace M.D. REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 1931

17. I HEREBY CERTIFY, That I attended deceased from July 1st, 1931, to Aug 9, 1931 that I last saw him alive on Aug 8, 1931, and that death occurred, on the date stated above, at 6:47 m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

General atheromat Sclerosis  
chronic myocarditis  
93C  
97 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 93C (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Eugene J. Qualley M. D.

840 1931 (Address) Madison Edg. St. Louis

\*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 Aug 11 1931

20. UNDERTAKER Arthur Killy ADDRESS 1416 N. Taylor

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.

SEP 25 1931

