

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.

4087

1. PLACE OF DEATH

County..... Registration District No. *3801*
Township..... Primary Registration District No. *3021*
City *St Louis* (No. *4528*, *Laclede Ave*) St. Ward)

File No.
Registered No. *1055*

2. FULL NAME

(a) Residence, No. *19* St., *19* Ward. (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 *Single* (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 10th 1902*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 7 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Invalid*

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis Missouri*

13. NAME *Edward P Murphy*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Louis*

15. MAIDEN NAME *Lillian M Heimisch*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

17. INFORMANT (ADDRESS) *Edward P Murphy 4528^a Laclede Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary Cemetery* DATE *Jan 31st 1933*

19. UNDERTAKER (ADDRESS) *Arthur J Donnelly 3846 Lindbergh Road*

20. FILED *19*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *JAN 28th 1933*

22. I HEREBY CERTIFY, That I attended deceased from *NOV 31st 1932* to *JAN 28th 1933*

I last saw him live on *Jan 28th 1933*, 19 *33* Death is said

to have occurred on the date stated above, at *8 P. M.*

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhages Date of onset

Paralysis

Other contributory causes of importance: *See above*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify..... (Signed) *James H. Lindbergh*, M. D.

30 33

Registrar

