

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

Do not use this space.

17871

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis**

Registration District No. **791**
1003
Primary Registration District No.
(No. **City Hospital**)

File No.
Registered No. **4062**
St. Ward)

#1832

2. FULL NAME **Pat Murphy**
(a) Residence, No. **2719 So. Bdway.** St. **23** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **Life** mos. da. How long in U. S., if of foreign birth? yrs. 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) **Mary Murphy**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 15th 1859**
7. AGE YEARS **73** MONTHS **4** DAYS **19** If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Elevator operator**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **City Hospital**
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 **Pat Murphy**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
15. MAIDEN NAME **Margaret unbrunson**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. HOSPITAL INFORMATION (ADDRESS) **City Hospital**
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Mr. Olive May 33**
19. UNDERTAKER (ADDRESS) **Wacker & Selders 2331 City Bdway**
20. FILED **MAY - 6 1933** **F. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 4th 1933**
22. I HEREBY CERTIFY, That I attended deceased from **May 3rd 1933**, to **May 4th 1933**
I last saw him alive on **May 4th 1933**. Death is said to have occurred on the date stated above, at **11:20A**
The principal cause of death and related causes of importance were as follows:

Date of onset
Chr. Myocarditis
Other contributory causes of importance:
Name of operation **None** Date of
What test confirmed diagnosis? **Cluery** Was there an autopsy? **No**

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 **Maurice A. Diehr** M. D.
(Signed) **City Hospital** (Address)

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.

ms. 0. 1.