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.

APR 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 11304

Township ..... Primary Registration District No. 1003 Registered No. 3206

City St Louis (No. City Hosp. St. ..... Ward)

2. FULL NAME 21444 ~~Daniel J. Casey~~ Dennis F Murphy (Alias Daniel J. Casey)

(a) Residence, No. Garrick Hotel 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode) GARRICK

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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS 50 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Editor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Pub Co
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) New York

FATHER

13. NAME Dennis Murphy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Bridget Clarey ~~Unknown~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Hosp Inf M Kent City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE Ntl Cem J.B. Mo DATE 4/2/34, 19

19. UNDERTAKER (ADDRESS) Sullivan-Riley 5007 Waterman

20. FILED ..... 19 ..... J A Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3/25, 1934, to 3/27, 1934

I last saw ~~her~~ alive on 3/27, 1934. Death is said to have occurred on the date stated above, at 7:00 p.m.

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

	Date of onset
Lobar Pneumonia	
108	
75A	

108

Other contributory causes of importance:

Delirium Tremens

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

What test confirmed diagnosis? Clin 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 .....

(Signed) J M Coleman, M. D.

(Address) City Hosp.