

**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**  
Township..... Primary Registration District No. **1003**  
City *St. Louis* (No. *5301 Page ave*)

File No. **22604**  
Registered No. **6441** (Ward)

**2. FULL NAME**

(a) Residence, No. *5301 Page ave* St. *6* 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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widow*

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*About 74*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *at home*

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

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) *Ireland*

13. NAME *Peter Murphy*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*

15. MAIDEN NAME *Anna Reilly*

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

17. INFORMANT (ADDRESS) *Anna Reilly 4957 Phoenicia ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calvary* DATE *June 20th 34*

19. UNDERTAKER (ADDRESS) *Street & Maple 4600 North Bridge ave*

20. FILED *7 21 1934* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 28, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 1, 1934* to *June 28, 1934*

I last saw him alive on *June 28th, 1934* Death is said to have occurred on the date stated above, at *10:55* a.m.

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

*Chronic myocarditis arterio-sclerosis*

Other contributory causes of importance:  
*Spontaneous left femoral artery aneurysm, rupture of aneurysm, fall to floor*

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

What test confirmed diagnosis?..... Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *not by* Date of injury *June 17 1934*

Where did injury occur? *St. Ann's Hospital, St. Louis, Mo.* (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 *None*

(Signed) *John J. Langan, Jr.* M. D.

(Address) *5803 Phoenicia ave.*

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.

THIS IS A PERMANENT RECORD

