

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.

JUN 12 1935

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

Do not use this space.

18001

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.....

Township.....

Primary Registration District No. **1003**

Registered No. **4321**

City **ST. LOUIS**

(No. **City, Sanitation**)

St. Ward)

2. FULL NAME **Eugene Murphy**

(a) Residence, No. **5800 Arsenal**

(Usual place of abode) **5800 Arsenal**

St. **13** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **4** yrs. **5** mos. **24** 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 (with the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 14 - 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 1 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **CD & R**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Unemployed**
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) **Massachusetts**

FATHER 13. NAME **Pat Murphy**

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

MOTHER 15. MAIDEN NAME **Mary Monahan**

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

17. INFORMANT (ADDRESS) **E. Murphy 5800 Arsenal**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cabony Cem** DATE **May 14** 19**35**

19. UNDERTAKER (ADDRESS) **J. H. Stephens & Co 4824 Myrtle St**

20. FILED **MAY 12 1935** **J. S. Biedeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/8** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **11-27-1931** to **1935**

I last saw him alive on **5/8/35** 19**35** Death is said

to have occurred on the date stated above, at **11:15 P.m.**

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

Chronic myocarditis Date of onset **1931**

Other contributory causes of importance: **Chronic interstitial nephritis** **1931**

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical** 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 **Marvin T. Hart, Jr., M. D.** (Signed) **5600 Arsenal** (Address)

