

MAR 12 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No. 791
Primary Registration District No. 1003
City Hospital

File No.
Registered No. 1611
St. Ward)

2. FULL NAME Pauline Murphy

(a) Residence, No. Chesterfield, Mo. St. NR 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9, 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
36 11 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) Missouri13. NAME Ben Fields14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Arlene Blanch16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Ben Stirling
(ADDRESS) Chesterfield Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Matthews DATE Feb. 13 3619. UNDERTAKER A. W. McLaughlin
(ADDRESS) 2301 Lafayette Ave20. FILED 13 19 36
J. P. Bredesk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14-1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at H.P. m.

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

Lacerated scalp, Fractured skull
lacerated brain & hemorrhage,
region fall down steps
at hotel. (Date of onset)

Other contributory causes of importance: 186Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accid Date of injury 1/30, 1936Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. Public PlaceManner of injury FallNature of injury in above24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Frank P. Furlong, M.D.(Address) Corona

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.

