

JUN 26 1936

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

Do not use this space.

25126

1. PLACE OF DEATH

County St. Louis
Township Jefferson
City Richmond Heights

Registration District No. 1170
Primary Registration District No. 6248H
(No. St. Mary's Hospital)

File No. _____
Registered No. 165
St. _____ Ward _____

2. FULL NAME Louis L. Murphy

(a) Residence, No. 7427 Wayne av. St. _____ Ward. University City
(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 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 Marie Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8/29/1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
44 9 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel Supplies
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, Mo.

FATHER 13. NAME Felix Murphy

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

MOTHER 15. MAIDEN NAME Mary Morgan

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

17. INFORMANT Marie Murphy
(ADDRESS) 7427 Wayne av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 6/10/36

19. UNDERTAKER Robert J. Ambruster
(ADDRESS) Clayton rd. at Concordia vans.

20. FILED June 10, 1936 Bertrude Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8th, 1936

22. I HEREBY CERTIFY, That I attended deceased from JUNE 7th 1936 to June 8th, 1936

I last saw him alive on June 8th, 1936 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

BRAIN ABSCESS
(at base of brain)
1040

Other contributory causes of importance: _____

No operations - first saw ph. on June 7/1936

Name of operation None Date of _____
What test confirmed diagnosis? EXAMINA 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____

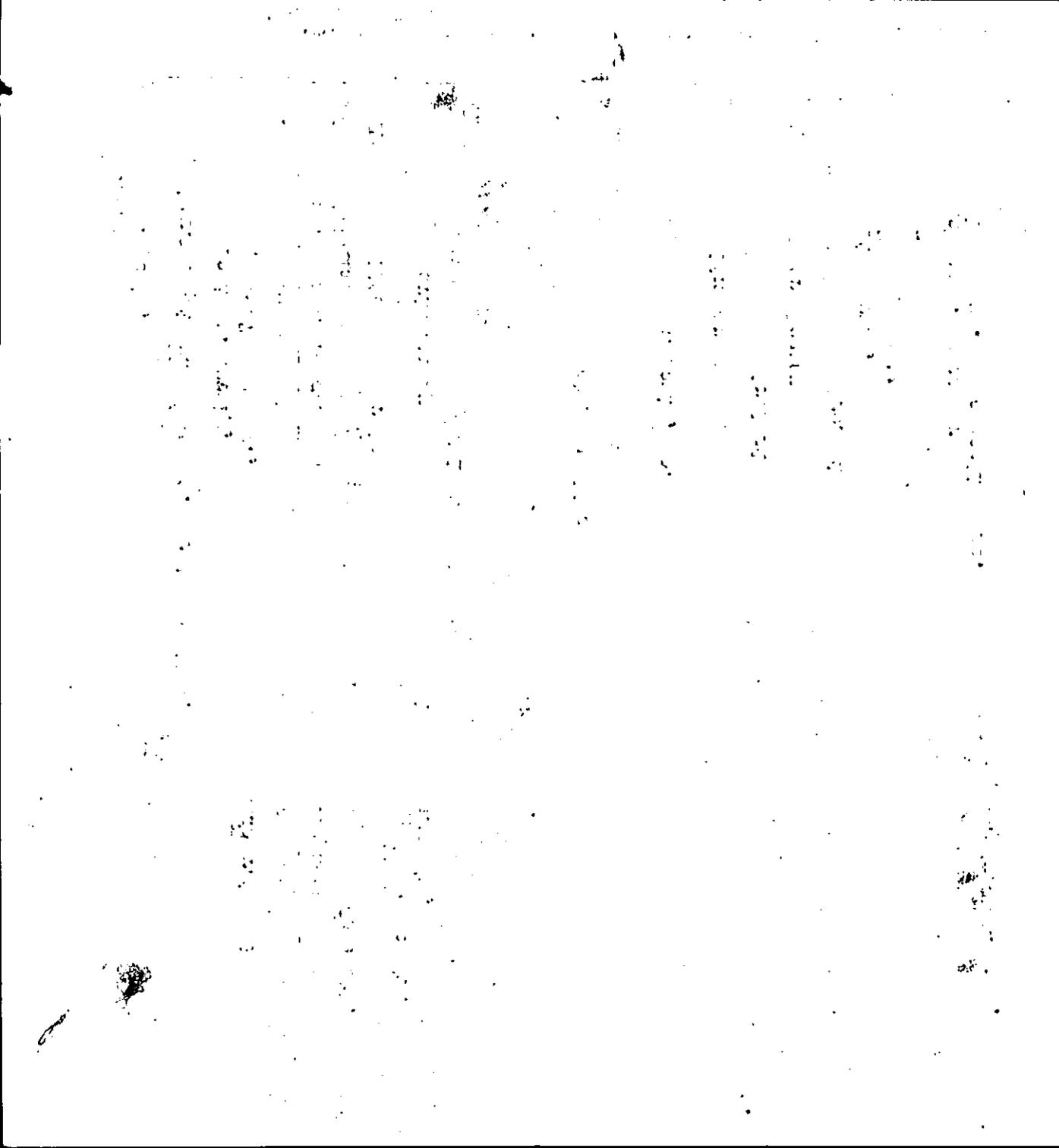
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Clayton St. Mary, M. D.
Missouri Theater Bldg.
(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.



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1. PLACE OF DEATH
 County St. Louis Registration District No. 1170
 Township Jefferson Primary Registration District No. 6248-H
 City Richmond Hts - St. Marys Ave St. _____ Ward _____

2. FULL NAME Louis L. Murphy
 (a) Residence, No. 7427 W. 42nd - St. (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.

File No. 25126-
 Registered No. 165

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29, 1890

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>44</u>	<u>9</u>	<u>9</u>	

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

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

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED June 10, 1936 Sam A. Bassett Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 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 _____ m.

The principal cause of death and related causes of importance were as follows:
Brain Abscess
(Base of Brain)
May 31st, 36, marked onset of sinus infection which lasted four days.
June 3rd marked appearance of brain abscess which resulted in death on June 8th.

Date of onset 6/3/36

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) _____, M. D.
 (Address) _____

CONFIDENTIAL

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