WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MAY 7 1937

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

Do not use this space.

14903

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 4399

City St. Louis (No. 5947 Bartmer Ave., St. ..... Ward)

2. FULL NAME Catherine Murphy

(a) Residence, No. 5947 Bartmer Ave., St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Don't Know

7. AGE: About 53 YEARS | 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. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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

FATHER

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

MOTHER

15. MAIDEN NAME: Catherine Duggan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. T.J. O'Connor 6036 Horton Pl.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE April 27/37.

19. UNDERTAKER (ADDRESS): Jos. W. Clark, 1125 Hodiamont Ave.,

20. FILED APR 28 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27/37. 19

22. I HEREBY CERTIFY, That I attended deceased from June 1929, 19, to April 27, 1937. I last saw her alive on April 27, 1937. Death is said to have occurred on the date stated above, at 8.00 A.M.

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

Coronary Occlusion
Angina Pectoris

Date of onset 4/27/37

Other contributory causes of importance:
Valvular disease
Heart

Name of operation None Date of .....

What test confirmed diagnosis? Physical Indoor 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? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury

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

(Signed) Pierce J. Reilly, M. D.
(Address) 6125 Bartmer

820 2 15 15 15

Dr. P.J. Reilly
6125 B artmer Ave.,
Cab. 5187
9.30 to 11.00 AM.