

087 14 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

32189

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City..... **ST. LOUIS**  
 (e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No.

Primary Registration District No.

(d) Street No. **ST. JOHN'S HOSPITAL** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (f) How long in U.S., if of foreign birth? yrs. mos. ds.

791

1003

Registered No. **8243**

## 2. PRINT FULL NAME

**AGNES MURPHY**(a) Residence, No. **2815a PARK AVE**

St.

**12**

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## 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 **JOHN P. MURPHY**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAY 18, 1876**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**35** 61 3 12  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **HOUSEWIFE**  
 9. Industry or business in which work was done, as 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) **ST. LOUIS** (STATE OR COUNTRY) **MO**13. NAME **JOHN MULVIHILL**14. BIRTHPLACE (CITY OR TOWN) **IRELAND** (STATE OR COUNTRY)15. MAIDEN NAME **VIRGINIA BARNES**16. BIRTHPLACE (CITY OR TOWN) **VA.** (STATE OR COUNTRY)17. INFORMANT **JOHN P. MURPHY** (ADDRESS) **2815a PARK AVE**18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEMETERY** DATE **SEPT. 4th 1937**19. FUNERAL DIRECTOR **PEETZ BROS.** (ADDRESS) **3029 LAFAYETTE AVE**20. **SEP 2 1937** **St. Predeck** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **SEPT. 1st 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 2**, 1937, to **Sept 1**, 1937.  
 I last saw her alive on **Sept 1**, 1937. Death is said to have occurred on the date stated above, at **7a.** m.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset

**Intestinal Obstruction (Adhesion from old Diverticulitis of sigmoid)** Oct. 1936

Other contributory causes of importance

**Hypertension**

Name of operation **Old Laparotomy** Date of **5/31/37**  
 What test confirmed diagnosis? **Operation** Was there an autopsy? **Yes**

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 **Hammond**  
 (Signed) **634 N. Grand Blvd.** M. D.  
 (Address)

**STATEMENT BY LICENSED EMBALMER**

I, FRANK I. OWENS, Licensed Embalmer No. "2245"  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me  
..... I. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Frank I. Owens*

Licensed Embalmer No. 2245

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**