

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

Do not use this space.

32373

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. ....

Primary Registration District No. ....

(No. On Street, 13th. & Chestnut Sts.

File No. ....  
Registered No. ....  
Ward) .....

**2. FULL NAME**

(a) Residence, No. 5209 Cote Brillante St.

(Usual place of abode)

Ward. 6

(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 Anna Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
52 10 25

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

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

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

13. NAME John Murphy

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

15. MAIDEN NAME Helen Huddy

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

17. INFORMANT Mrs. Anna Murphy  
(ADDRESS) 5209 Cote Brillante Ave.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary Cem. DATE Sept. 9, 1937

19. UNDERTAKER Arthur J. Donnelly Undt. Co.  
(ADDRESS) 3840 Lindell Blvd.

20. FATHER J. A. Bredeck  
SEP 7 1937 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to Sept 6, 1937.  
I last saw him alive on July 18, 1937 Death is said to have occurred on the date stated above, at 12:15 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 2 yrs.

Other contributory causes of importance:  
Chronic Parenchymatous Nephritis 6 yrs.  
Hypertension 2 yrs.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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 John J. Langdon Jr. M. D.  
(Signed) 5803 Wyomouth  
(Address) .....

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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