

REC'D MAR 14 1938

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

4738
Do not use this space.

791
1003

Registered No. 1383

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis, Mo. (d) Street No. 4335 N. 20th St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Irene Roscelia Murphy 610

(a) Residence, No. 4335 N. 20th St. St. 9
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dennis Barry Murphy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 14th, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
77 2 23

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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 John J. Corkery

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

MOTHER
15. MAIDEN NAME Elizabeth Maier

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

17. INFORMANT Irene Murphy
(ADDRESS) 4335 N. 20th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Feb. 9th, 1938

19. FUNERAL DIRECTOR Kraeger-Voss-Fix Funeral Home
(ADDRESS) 3402 N. Kingshighway

20. FILED FEB 7 1938 J. B. Brudick
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 27, 1937, to Feb. 6, 1938
Last saw her alive on Feb. 5, 1938. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset do not know
Arterio-Sclerosis
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Physical 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
(Signed) Walter J. Mullins, M. D.
(Address) 3825 N. 20th

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.

Y. O. Price

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hoppe....., Licensed Embalmer No. 2971

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed... *Albert G. Hoppe*.....

Licensed Embalmer No. 2971

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.)