

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

8691  
Do not use this space.

REC'D APR 1 1938

**1. PLACE OF DEATH**

(a) County..... 2 Registration District No..... 791  
 (b) Township..... 1 Primary Registration District No..... 1008 Registered No..... 2280  
 (c) City St. Louis (d) Street No. 8226 Reilly 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**

(a) Residence, No. 8226 Reilly St. 1 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1938, to 3-6, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-1-1867

I last saw h. was alive on 3-6, 1938 Death is said to have occurred on the date stated above, at 11<sup>15</sup> a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 7 5

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Inspector  
 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Cerebral Hemorrhage  
Arterio Sclerosis, generalized  
 Date of onset 2-24-38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

Other contributory causes of importance:  
Arterio Sclerosis, generalized

FATHER 13. NAME James Murphy

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

MOTHER 15. MAIDEN NAME Johana Ryan

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

17. INFORMANT (ADDRESS) Michael Murphy 8226 Reilly

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn DATE 3-9 1938

19. FUNERAL DIRECTOR (ADDRESS) Southern Funeral Home 6322 S Grand

20. FILED MAR 7 1938 J. B. Brudick

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? NO  
 If so, specify..... (Signed) Joseph A. Handley, M. D.  
 (Address) 7162 S. Broadway

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.

Dr Hardy  
11-1  
760 22 St. Broadway

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

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

L. E. Frank Ludwig

No. 2504 or by....., Registered Apprentice No.  
working under my personal supervision.

Signed

Frank Ludwig

Licensed Embalmer No. 2504

**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.)**