

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.

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

8834
Do not use this space.

REC'D APR 7 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791

(b) Township St. Louis Primary Registration District No. 1003

(c) City St. Louis (d) Street No. 2802 Stoddard St. 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 Murphy Brown Jr., 650

(a) Residence, No. 2802 Stoddard St. 21 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE W

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) Nov. 26, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 3 10

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant

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

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) Mo.

FATHER

13. NAME Murphy Brown

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

MOTHER

15. MAIDEN NAME Blanch Watts

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

17. INFORMANT (ADDRESS) Blanch Brown
2802 Stoddard

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Mar 11 1938

19. FUNERAL DIRECTOR (ADDRESS) Franklin Ave.

20. FILED MAR 11 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1938, to Mar 8, 1938

I last saw him alive on Mar 8, 1938 Death is said to have occurred on the date stated above, at 1030a

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

Acute Bronchitis 3-2-38

Other contributory causes of importance: Broncho-Pneumonia 3-6-38

Name of operation Chemical Date of 20

What test confirmed diagnosis Chemical Was there an autopsy? 20

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? W 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?
If so, specify J. F. Aldrich, M. D.
(Signed) J. F. Aldrich
(Address) 2605 1/2 Franklin Ave.

STATEMENT BY LICENSED EMBALMER

I, J. A. Green, Licensed Embalmer No. 2963

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

..... L. E.

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

Signed J. A. Green
Licensed Embalmer No. 2963

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

CV 2008 08 20
M. G. - FACILITY

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

8834
Do not use this space.

1. PLACE OF DEATH *St Louis*

(a) County *St Louis* Registration District No. *991*
 (b) Township *St Louis* Primary Registration District No. *1003*
 (c) City *St Louis* (d) Street No. _____ 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 *Murphy Brown Jr*

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *C* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>3</i>	<i>3</i>	<i>10</i>	

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.
 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)

FATHER

13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED *JUN 2 1938* *J. F. Bredick* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 8 1938*

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Other contributory causes of importance:

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?
 If so, specify _____ (Signed) *J. J. Aldrich*, M. D.
 (Address) *6605 Franklin ave., St Louis*

Date of onset

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 N. B.—Every item of information should be carefully supplied. A statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

