

REC'D APR 11 1938

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

4089
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City St. Louis (d) Street No. Bethesda Hospital Registered No. **2678**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

John Homer McClay Murphy 616 OVERLAND, MO.
(a) Residence, No. 8839 Forest Ave. St. N.R. St. Johns Station
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillian Sloss
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27th, 1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 5 22
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
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) Illinois

FATHER 13. NAME John Murphy

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

MOTHER 15. MAIDEN NAME Emma McClay

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

17. INFORMANT (ADDRESS) Lillian S. Murphy
8839 Forest Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE March 22nd, 38

19. FUNERAL DIRECTOR (ADDRESS) Wrethman Karal
1905 Union Blvd.

20. FILER J. P. Budick Local Registrar.
MAR 21 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19th, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 8th, 1938, to March 19, 1938

I last saw him alive on March 17, 1938 Death is said to have occurred on the date stated above, at 9:43 A.M.

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

Remanage from acute aneurysm
siphilis & aortitis
Date of onset 3/8/38

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Culture 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
(Signed) Thomas C. Bridgell, M. D.
(Address) 4600 Overland Ave.

N. B.—Every item of information should be carefully supplied. AGE SHOULD BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

4660 Maryland
1st Floor Building

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

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

working under my personal supervision.

Signed _____

Warren A. Carter

Licensed Embalmer No. _____

3534

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.)