WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12004

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

12808
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No. 791
Primary Registration District No. 1003
Registered No. 3412
(d) Street No. Firmin Desloge Hospital 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 Edmond J. Murphy 610
(a) Residence, No. 5065 Page Blvd. St. 6
(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1874
7. AGE YEARS 63 MONTHS 10 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerical Work
9. Industry or business in which work was done, as saw mill, bank, etc. Garment Co.
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill. 1

FATHER
13. NAME William Murphy 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 1

MOTHER
15. MAIDEN NAME Margaret Kehol
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.

17. INFORMANT (ADDRESS) Sarah Murphy 5065 Page Blvd.
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 4/12/38. 19
19. FUNERAL DIRECTOR (ADDRESS) Cullen & Kelly 1416 N. Taylor Ave.
20. FILED APR 11 1938 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH
NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/10/38 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 6:30 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Interstitial Nephritis.
Contrib: Fracture of Anatomical neck of left humerus suffered when he fell in the hall of his home, 5065 Page Blvd., on March 8th, 1938

Other contributory causes of importance:
time unknown

186a
18

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? Accident Date of injury 3/8/, 1938
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Home
Manner of injury
Nature of injury See Above.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Alfred J. Perry M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Clement McNeary, Licensed Embalmer No. 3732

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 Clement McNeary

Licensed Embalmer No. 3732

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.)