

REC'D JUL 12 1938

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

20423

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **5562**
 (c) City..... (d) Street No. **3728 Carleton** St. **610**
 (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. **3728 Carleton** St. **10** (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Murphy**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 30-1865**
 7. AGE YEARS **72** MONTHS **10** DAYS **19** If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **at Home**
 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) **St. Louis** (STATE OR COUNTRY) **MO**

FATHER 13. NAME **Unknown**

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

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

17. INFORMANT **John Murphy** (ADDRESS) **3728 Carleton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **1-21-38**

19. FUNERAL DIRECTOR (NAME) **Southern** (ADDRESS) **6322 S. Grand**

20. FILED **J. D. Bredes** 19..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-18-** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **June 2** 19**38**, to **June 18** 19**38**

I last saw her alive on **June 17** 19**38**. Death is said

to have occurred on the date stated above, at **4 A.** m.

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

Lobar Pneumonia - tip
Atrial Fibrillation

Date of onset
6-10-38
6-2-38

Other contributory causes of importance:
Myocarditis **10** years
Hypertension **10** "

Name of operation **None** Date of.....

What test confirmed diagnosis? **Clinical** 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) **J. D. Bredes**, M. D.

(Address) **4126 E. Third**

JUN 20 1938

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Frank Ludwig

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Frank Ludwig

Licensed Embalmer No.....

2584

P. O. Address.....

6322 S Grand

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.)

If this body is not embalmed, above space should be left blank.