

UG 1 1938 REC'D AUG 9 1938

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

26448
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 584
 (b) Township Clayton Primary Registration District No. 101 Registered No. 1293
 (c) City Clayton (d) Street No. St. Louis County 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. da.

2. PRINT FULL NAME

William Murphy
 (a) Residence, No. 6520 Mount Av., Wellston, Mo. 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 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 Dora Murphy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1855
 7. AGE YEARS 83 MONTHS 2 DAYS 2 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.
 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.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 7/19, 1938, to 7/29, 1938
 I last saw him alive on 7/29, 1938. Death is said to have occurred on the date stated above, at 11:46 A.M.
 The principal cause of death and related causes of importance were as follows:

Uremia before 7/19/38
lobar pneumonia date 7/26/38
512

Other contributory causes of importance:
tumor of bladder wall ?
arteriosclerosis ?
pyogenic cystitis ?

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

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) Donald Russell Roberts, M.D.
 (Address) County Hospital, Clayton, Missouri

12. BIRTHPLACE (CITY OR TOWN) Alton / (STATE OR COUNTRY) Ill.

FATHER 13. NAME John Murphy /

14. BIRTHPLACE (CITY OR TOWN) Iowa / (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Murphy

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

17. INFORMANT Wife, Dora Murphy / (ADDRESS) 6520 Mount Av., Wellston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Pk. DATE 8/1/38

19. FUNERAL DIRECTOR Geo. L. Pleitsch / (ADDRESS) 5966 Easton

20. FILED AUG 1 1938 J.R. Neely M.D.P.H. / Local Registrar.

103

STATEMENT BY LICENSED EMBALMER

I, David C Gibson, Licensed Embalmer No. 3454

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 David C Gibson

Licensed Embalmer No. 3454

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

26487
Do not use this space.

1. PLACE OF DEATH

(a) County Hovius Registration District No. 984
 (b) Township _____ Primary Registration District No. 10 Registered No. _____
 (c) City Clayton (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 William Murphy

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS 83 MONTHS 2 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19 _____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1988

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 _____ m.

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

W. America
bladder carcinoma
51R-

Date of onset

Other contributory causes of importance:

Tumor of bladder Wall
malignant (Ca)

metastatic carcinoma
of prostate gland
 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) Donald Russell Roberts D.

(Address) County Clayton Mo

