C 19 1938

REC'D JAN 6 1939

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

44481
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis Co. Registration District No. 784
(b) Township ~~Normandy~~ 2 Primary Registration District No. 200 Registered No. 2069
(c) City Pine Lawn Mo. 1 (d) Street No. 6234 Dowler Ave. 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 610 Nora B. Murphy
(a) Residence, No. 6234 Dowler Ave. St.
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2I, I869.

7. AGE YEARS 69 MONTHS 9 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) Missouri 0

FATHER
13. NAME Robert Fitzpatrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
15. MAIDEN NAME Catherine Casey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

17. INFORMANT (ADDRESS) Joseph Murphy 6234 Dowler Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Dec 20 1938

19. FUNERAL DIRECTOR (ADDRESS) Jos. W. Clark, 1125, Hodiamont

20. FILED DEC 19 1938 G. R. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1938, to Dec 17, 1938
I last saw her alive on Dec 17, 1938 Death is said to have occurred on the date stated above, at 12.00 m. Noon
The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous Nephritis 1 2 1 Date of onset

Other contributory causes of importance:

Hemorrhagic Purpura

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical & Urinalysis 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?
If so, specify
(Signed) J Roy Cooperton, M. D.
(Address) 6122 Page Blvd.

(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.

D. Roy Compton
6122A Page Blvd.,
Cab. Iolo

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I

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 Jos. W. Clark.

Licensed Embalmer No. I66I

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.)