

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

4583  
 Do not tab this space.

REC'D MAR 13 1939

**1. PLACE OF DEATH**

(a) County..... St. Louis Registration District No. 791  
 (b) Township..... Primary Registration District No. 1003 Registered No. 1276  
 (c) City..... St. Louis (d) Street No. 2944 Thomas St. St.  
 (e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 2944 Thomas St. St. 21  
 (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 F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
55 8 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Tennessee

FATHER 13. NAME Richard Murphy

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

MOTHER 15. MAIDEN NAME Annie (Unk)

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

17. INFORMANT (ADDRESS) Dorsey Mackey  
2944 Thomas St.

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis, Ill DATE 2/10/ 1939

19. FUNERAL DIRECTOR (ADDRESS) R. M. C. Green  
3517 Laclede Ave.

20. FILED FEB 9 1939 J. B. Buckle Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan - 1st, 1939, to Feb - 4 -, 1939  
 I last saw her alive on Feb - 4 -, 1939. Death is said to have occurred on the date stated above, at 5: p.m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation..... Autopsy  
 What test confirmed diagnosis?..... Microscopic 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) J. B. Buckle M.D.  
 (Address) 1001 N. Jefferson

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, R. M. C. Green, Licensed Embalmer No. 1173

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

*R. M. C. Green*

Licensed Embalmer No. 1173

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.)