1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 16 1939

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33581

Primary Registration District No. 200

Registrar's No. 1598

1. PLACE OF DEATH: 3
(a) County: Saint Louis
(b) City or town: Jefferson Barracks, Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Admitted 9-5-39 (Specify whether years, months or days)
In this community: Unknown

2. USUAL RESIDENCE OF DECEASED: 1
(a) State: Missouri (b) County: -
(c) City or town: Saint Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 6180 Pershing Avenue (If rural, give location)
(e) If foreign born, how long in U. S. A.? -- years.

3. (a) PRINT FULL NAME: 610 Robert E. Murphy
3. (b) If veteran, name war: World
3. (c) Social Security No.: --

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: -
6. (c) Age of husband or wife if alive: - years

7. Birth date of deceased: October 9, 1888 (Month) (Day) (Year)

8. AGE: Years 50 | Months 10 | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace: Saint Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Const. Foreman
11. Industry or business: -

FATHER
12. Name: Jeremiah Murphy 5
13. Birthplace: Ireland (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Ellen Shea
15. Birthplace: Saint Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature: C. W. Clark Veterans
(b) Address: Administration Fac., Jeff. Bks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-9-1939 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: Arthur J. Donnelly
(b) Address: 3840 Lindell Blvd.
19. (a) SEP 7 1939 (Date received local registrar) (b) D. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 7 year: 1939 hour: 10 minute: 30 A. M.
21. I hereby certify that I attended the deceased from Sept. 5, 1939, to Sept. 7, 1939; that I last saw him alive on September 7, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Coronary Thrombosis.	Unkn.
Due to:	
Due to: 94	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings: Of operations: No operations
Of autopsy: No autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: 1
23. Signature: C. W. HUGHES, Chief Med. Officer (M.D. or other)
Address: Vet. Adm. Fac., Jeff. Bks., Mo. Date signed: 9-7-39

(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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Alfred F. Boedeke

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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

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