

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community March 4 to March 24, 1940
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis **20**
(If outside city or town limits, write "RURAL")
(d) Street No. 1505 N. Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MURPHY, HAZEL OLETHA
3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased Aug. 5 1917
(Month) (Day) (Year)

8. AGE: Years 22 Months 7 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Fredericktown Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Jasper Hammers
13. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Clara Woods
15. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. C. Holden
(b) Address 1508 No. 23rd. St.

17. (a) Removal (b) Date thereof 3-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAR 25 1940 (b) J. F. Bredet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 24
year 1940 hour 11 A. M. minute _____ A. M.

21. I hereby certify that I attended the deceased from March 11, 1940, to March 24, 1940
that I last saw him alive on March 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death malignant nephrosclerosis Duration _____
atrophy rt. kidney
Due to hypertension
arteriosclerosis

Other conditions (include pregnancy within months of death) _____
Major findings: _____
Of operations _____
Of autopsy malignant nephrosclerosis

PHYSICIAN

Underline the cause to which death could 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature P. M. Anderson (M. D. or other) _____
Address BARNES HOSPITAL Date signed 3-24-40

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

Robert G. Hayes

Licensed Embalmer No. *2971*

P. O. Address.....

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.