

Registration District No. **791**

Primary Registration District No.

**4254**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
**BARNES HOSPITAL**  
(d) Length of stay: In hospital or institution 14 days  
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Overland Station  
(d) Street No. 3635 Eminence Boulevard  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11  
year 1940 hour 11 minute 10 A.M.  
21. I hereby certify that I attended the deceased from  
April 27, 1940, to May 11, 1940;  
that I last saw him alive on May 11, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
POST OPERATIVE PNEUMONIA  
Due to CARCINOMA OF COLON - GM.?

Other conditions INTESTINAL OBSTRUCTION 100%  
Major findings:  
Of operations CARCINOMA OF COLON  
INTESTINAL OBSTRUCTION  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature Henry Hoffmann (M. D. or other) MD  
Address BARNES HOSPITAL Date signed 5-11-40

8. (a) PRINT FULL NAME EDWARD MURPHY  
(b) If veteran, name war No (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Sept. 12, 1867

8. AGE: Years 72 Months 7 Days 29 If less than one day hr. 1 min. 0

9. Birthplace Mo.  
10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name Thomas Murphy  
18. Birthplace Ireland  
14. Maiden name Elenora O'Regan  
15. Birthplace Ireland

16. (a) Informant Vincent Murphy  
(b) Address Cleveland, Ohio  
17. (a) Burial (b) Date thereof 5/14/40  
(c) Place: burial or cremation Calvary Ceme.

18. (a) Signature of funeral director Jas. W. Clark  
(b) Address 1125 Hodiamont Ave.  
19. (a) MAY 13 1940 (b) J. Hoffmann

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

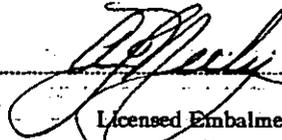
MOTHER FATHER

**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.....



..... Licensed Embalmer No. 3225

..... P. O. Address 1125 Robinson

**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.**