No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23214

FILED AUG 25 1940 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5659

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St. Louis 17
(If outside city or town limits write "RURAL")

(d) Street No. 4607 Tower Grove Pl.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Murphy 610

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife (late) James M. Murphy

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 2, 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 0 If less than one day hr. min.

9. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John F. Murphy
(b) Address 4607 Tower Grove

17. (a) Burial
(Burial, cremation, or removal)
(b) Date thereof 7-5-40
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand

19. (a) Jul 2 1940
(Date received local registrar)
(b) J. F. Boedeck
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 2
year 1940 hour minute 4:55 A.M.

21. I hereby certify that I attended the deceased from 4-5, 1940, to 7-2, 1940
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Cholecystitis c̄ Cholelithiasis c̄ acute exacerbation operated c̄ drainage.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Same as above

Of autopsy

Duration: for years

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

23. Signature John J. Hammond (M. D. or other) M.D.
Address 6324 N. Grand Date signed 7/2/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hammond
Mo. Theatre Bldg
3-5 30

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo

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.