

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23657**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **6102**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis Mo
 (c) Name of hospital or institution: _____
Mississippi River **3**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Murphy **610**

8. (b) If veteran, name war None 3. (c) Social Security No. 491-12-8620

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 April 6 1884
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>3</u>	<u>12</u>	hr. min.

9. Birthplace St Louis Mo **0**
 (City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name William Murphy **5**

13. Birthplace Ireland (City, town, or county) (State or foreign country)

14. Maiden name Mary Boyd

15. Birthplace St Louis Mo **0**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Jane Link

(b) Address 2603 e Reuschenback Ave

17. (a) Burial (b) Date thereof July 22 19
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director: Chas J. Koon Funeral Home

(b) Address 4911 Washington Blvd

19. (a) JUL 22 1940 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

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. 2603 e Reuschenback Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

Found dead
 20. DATE OF DEATH: Month July day 18
 year 1940 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation due to drowning, while swimming in Mississippi River at foot of Madison Street July 18, 1940, about 3:00 or 4:00 P.M.
 Due to Asphyxiation

Other conditions (Include pregnancy within 3 months of death) **183**

Major findings: Of operations **36**

Of 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) Accident

(b) Date of occurrence July 18 1940

(c) Where did injury occur? St Louis Mo
 (City or town) (County) (State)

(d) Did injury occur in or about home or on farm, in industrial place, in public place?
No (Public Place)
 While at work _____ (Specify type of place) (e) Means of injury Drowning

23. Signature Joseph H. Cameron (M. D. or other)

Address Deputy Coroner Base signed _____

WRITE 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.

1 X 10911

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.....
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.