. No. 2
-4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37478

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 9751

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 5327a Union Blvd.
(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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 5327a Union Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Nora Murphy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Carry G. Murphy

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May (Month) 3 (Day) 1866 (Year)

8. AGE: Years 74 Months 6 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation House wife 5

11. Industry or business 5

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

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

16. (a) Informant Carry G. Murphy
(b) Address 5327a Union Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) NOV 28 1940 (Date received local registrar) (b) J. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 27 day year 1940 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from November 21st, 1940 to Nov. 27th, 1940 that I last saw her alive on Nov. 23rd, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis — Duration Don't Know

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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)
(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 R. R. Menown (M. D. or other) M.D.
Address 5330 Geraldine Date signed 11/28/40

(Licensed Embalmer's Statement on Reverse Side)

5330 Beraldine
8-9 & 1-2 P. Zic
Exp. Ct. Hearst
Hearst 8-10 e.m.

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 A. R. Thompson, Registered Apprentice No. 248 working under my personal supervision.

Signed R. M. Sanford

Licensed Embalmer No. 2273

P. O. Address

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

If this body is not embalmed, fact should be so stated above.