

Registration District No. 784Primary Registration District No. 200Registrar's No. 2157

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY
 (b) City or town ST. LOUIS MO. ~~WELDON~~
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution, ST. VINCENT'S Sanitarium.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community TEN days (Specify whether years, months or days) 3

3. (a) PRINT FULL NAME MRS. ANNIE KEENAN Murphy.3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced6. (b) Name of husband or wife John Murphy 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased January 26, 1865
(Month) (Day) (Year)8. AGE: Years 75 Months 4 Days 18 If less than one day hr. _____ min. _____9. Birthplace IRELAND
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name John Keenan13. Birthplace Ireland
(City, town, or county) (State or foreign country)14. Maiden name Donohoe15. Birthplace Ireland
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. John Keenan(b) Address 4275 Thaffit17. (a) Burial (b) Date thereof Nov 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Howard and Son(b) Address 4212 St. Louis Avenue19. (a) NOV 14 1940 (b) J. R. Meyer M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3864 Page Blvd
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 60 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th
year 1940 hour 2 minute 25 A.M.21. I hereby certify that I attended the deceased from 11-4-40
_____, 1940, to 11-14- 1940
that I last saw her alive on 11-13- 1940
and that death occurred on the date and hour stated above.Immediate cause of death Senile Arterio-sclerosis
Cerebral Arterio-sclerosis
Due to Heart failure.
ARTERIO-SCLEROTICDue to _____
Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____
Of autopsy _____22. If death was due to external causes, fill in the following: No
(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 W. B. Patton (M. D. or other) M.D.Address St. Vincent's Sanitarium Date signed _____

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 *Albert G. Hopper*.....

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.