

STANDARD CERTIFICATE OF DEATH

State File No. 40938

791

1003

Registrar's No. 10709

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 3
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3rd & Pine street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community en route City Hosp.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
 (d) Street No. 507 La Salle Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME JAMES JARPHY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 Feb 11 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>10</u>	<u>15</u>	hr. _____ min. _____

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

10. Usual occupation barber

11. Industry or business Government 5

12. Name James Jarphy

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

14. Maiden name Ann Barry

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

16. (a) Informant William Chucky

(b) Address 7242 Gayala

17. (a) Burial (b) Date thereof Dec 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Balsam

18. (a) Signature of funeral director John P. O'Connell

(b) Address 928 N. Grand Blvd

19. (a) DEC 27 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26th
year 1940 hour 9: minute 10 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the skull and laceration of the brain after he had crossed a barrier and against warning walked under and was struck by a wall that was being torn out by the American Wrecking Company at Third and Vine Sts. about 9:00 AM December 26, 1940. ACCIDENT.

Other conditions: _____
(Include pregnancy within 6 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) ACCIDENT

(b) Date of occurrence 12/26, 1940

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

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

While at work? _____ (Specify type of place)
Means of injury 5

23. Signature John P. O'Connell (M. D. or other) 5
Address 928 N. Grand Blvd Date signed 12/27/40

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 *Wilford G. Puraley*

Licensed Embalmer No. *4202*

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.