

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41155

State File No. _____

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10926**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital #1
(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)

8. (a) PRINT FULL NAME **Edward Murphy**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Anna Murphy** 6. (c) Age of husband or wife if alive **55** years

7. Birth date of deceased **April 15th, 1872**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	8	16	hr. min.

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

10. Usual occupation **Retired Carpenter**

11. Industry or business _____

MOTHER FATHER { 12. Name **? Murphy**

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

14. Maiden name **UNKNOWN**

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

16. (a) Informant **Lucy B. Stoddard**

(b) Address **2753 Cherokee Street**

17. (a) **Burial** (b) Date thereof **Jan. 3rd, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Park Lawn Cemetery**

18. (a) Signature of funeral director **Ziegenheim Bros.**

(b) Address **2623 Cherokee Street**

19. (a) **DEC 31 1940** (b) **J. H. Wadlock**
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
 (c) City or town **Saint Louis, 24**
(If outside city or town limit, write "RURAL")
 (d) Street No. **2753 Cherokee Street**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **31**, year **1940** hour **6:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **December 27**, 19**40** to **December 31**, 19**40**;
 that I last saw him **alive** on **December 31**, 19**40**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Phlebotomies**

Due to **Ruptured appendix**

Due to _____

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

Major findings: Of operations _____

Of autopsy **As above**

Duration _____
 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? _____

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

23. Signature **J. H. Wadlock** (M. D. or other) _____
 Address **1515 Lafayette Avenue** Date signed **1/2/40**

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

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

V. E. Morris

Licensed Embalmer No.

3360

P. O. Address

2623 Cherokee

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.