

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PAID JAN 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43948

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2278

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

1. PLACE OF DEATH: St. Louis County
 (a) County St. Louis County
 (b) City or town Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Admitted 12/2/40
 (Specify whether years, months or days) 3

3. (a) PRINT FULL NAME John A. Richard Dunphy
 3. (b) If veteran, name war World War
 3. (c) Social Security No. Yes - not remembered

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 July 31 1886
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>4</u>	<u>2</u>	hr. _____ min.

9. Birthplace Texas
 (City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business -

MOTHER FATHER {
 12. Name Michael Dunphy
 13. Birthplace Unkn. Male Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Kunniffe
 15. Birthplace Unkn. Female Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant M. Schuller
 (b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Cal Burial (b) Date thereof Dec. 5, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Chas. E. Stuart

(b) Address 4194 225 Union Blvd

19. (a) DEC (b) [Signature]
 (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. 5017 Page Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd
 year 1940 hour 10:15 minute _____ p.A.M.

21. I hereby certify that I attended the deceased from Dec. 2, 1940 to Dec. 2, 1940; that I last saw him alive on Dec. 2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary arteriosclerotic heart disease, cardiac enlargement, myocardial damage, and myocardial insufficiency.
 Due to _____
 Duration Unknown

Other conditions: Chronic bronchitis, with acute pulmonary congestion.
 (Include pregnancy within 3 months of death)
 Unkn. PHYSICIAN

Major findings: _____
 Of operations _____
 Of autopsy No autopsy.
 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? Yes (Specify type of place) (e) Member of _____

23. Signature C. W. HUGHES, M.D. (M. D. or other) _____
 Address Chief Medical Officer Date signed 12/3/40

(Licensed Embalmer's Statement on Reverse Side)

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

Bernard A. J. Stuart

Licensed Embalmer No. *3500*

P. O. Address. *1225 Union, Phila*

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, fact should be so stated above.