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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. 5226

FILED MAR 25 1941

Registration District No. 1791 Primary Registration District No. 1003 Registrar's No. 1474

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: Homer Phillips D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 1725
(If outside city or town limits, write "RURAL")

(d) Street No. 1708 Division 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Aron (Pat) Murphy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race Col

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

6. (b) Name of husband or wife Wife Jane Murphy

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased 1 (Month) - 13 (Day) 1882 (Year)

8. AGE: Years 59 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Woodland D Mo (City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER

12. Name Arron Murphy

13. Birthplace unknown / Miss (City, town, or county) (State or foreign country)

14. Maiden name Mary unknown

15. Birthplace unknown / Miss (City, town, or county) (State or foreign country)

16. (a) Informant Jane Murphy

(b) Address 1708 Division St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-41 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St

19. (a) FEB 14 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7 year 1941 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from January 23, 1941, to February 7, 1941; that I last saw him alive on February 7, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Arteriosclerotic Heart Disease — Prob 5 yrs

Generalized Arteriosclerosis — Unknown

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 J. W. Johnson (M. D. or other)

Address 2601 N. Whittier Date signed 2/10/41

(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 L. Boykin

....., Registered Apprentice No. Mayf

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis M

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

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