

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16318**  
Registrar's No. **3836**

Registration District No. **791**

Primary Registration District No. **003**

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:  
**St. Louis City Hospital.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **One Week.**  
(Specify whether  
In this community **90 Years.**  
years, months or days)

3. (a) PRINT FULL NAME **Joseph X. 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 **(Single.)**  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **January 1, 1851.**  
(Month) (Day) (Year)

8. AGE: Years **90** Months **4** Days **4** If less than one day hr. min.

9. Birthplace **St. Louis, Mo.** **6**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Real Estate**

11. Industry or business.....

12. Name **Joseph Murphy.**

13. Birthplace **Ireland.** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown.**

15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Eva Murphy.**  
(b) Address **228 No. Taylor Ave.**

17. (a) **Burial** (b) Date thereof **5-7-41.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery.**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 Lindell Blvd.**

19. (a) **MAY 6 1941** (b) **J. T. Brudvik**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County..... **000**  
(c) City or town **St. Louis.** **1917**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3655 Washington Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? **No Attending Physician** (Yes or No)  
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5th.**  
year **1941** hour **5:00** minute..... A. M.

21. I hereby certify that I attended the deceased from.....  
..... 19..... to..... 19.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Broncho Pneumonia**  
**(Contributed) Fracture of Anatomical**  
**neck of right femur**  
**Afterwards patient suffered when**  
**deceased fell and fell**  
**in the street in front of**  
**open alive at on 4/24/41**

Duration

--

Other conditions.....  
(Include pregnancy within 3 months of death)  
**About 4:00 PM**  
Major findings:  
Of operations.....  
Of autopsy..... **186a**

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 **4/24/41** **0000**

(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?  
**Public Place** (Specify type of place)

While at work?..... (c) Means of injury..... **3**

23. Signature **Thomas J. Callahan** (M. D. or other)  
Address **Deputy Coroner** Date signed **5/6/41**

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

MOTHER FATHER

Coronaria Office

**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 W Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**