

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20156
Registrar's No. 4968

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6111 Washington Blvd
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6111 Washington
(If rural, give location) 8
(e) Citizen of foreign country?.....
If yes, name country..... (Yes or No) U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1944 hour 7:00 minute P. M.
21. I hereby certify that I attended the deceased from May 1st
1939 to June 15, 1944;
that I last saw her alive on May 15, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Hypertensive Cardiovascular Disease 10 yrs
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?

While at work?..... (Specify type of place)
(e) Means of injury.....
23. Signature W. Russell (M. D. or other)
Address 415 Beaumont Bldg Date signed 6/16/44

3. (a) PRINT FULL NAME Birdie Murphy
3. (b) If veteran, name war None
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Timothy Murphy
6. (c) Age of husband or wife if alive 24 years 1873

7. Birth date of deceased December (Month) 24 (Day) 1873 (Year)

8. AGE: Years 67 Months 5 Days 20
If less than one day
hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name James McAuliffe

13. Birthplace London England
(City, town, or county) (State or foreign country)

14. Maiden name Birdie Green

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

16. (a) Informant Mrs Stanley Jackes
(b) Address 7300 Princeton

17. (a) Burial (b) Date thereof 6-18-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blvd.

19. (a) JUN 17 1944 (b) J. J. Bredek
(Was received local registrar) (Registrar's signature)

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

200
17
9

3720 Washington Ave.
JE-5100

2-5 P.M.

4968

4968

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis Mo

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.