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

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. 20442

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5254

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4267 St. Louis Ave.
(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 Mo. (b) County 000
(c) City or town St. Louis, Mo. 117
(If outside city or town limits, write "RURAL")
(d) Street No. 4267 St. Louis, Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James J. Murphy
3. (b) If veteran, name war
3. (c) Social Security No. 489-09-6618
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 28, 1878 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	7	28	hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Lastworker
11. Industry or business
FATHER
12. Name James J. Murphy
13. Birthplace Ireland 41 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Ireland 41 (City, town, or county) (State or foreign country)
16. (a) Informant Mary Cleary
(b) Address 4267 St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Sullivan Bros.
(b) Address 2849 N. Euclid Ave.,
19. (a) JUN 26 1941 (Date received local registrar) (b) J. H. Brelsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1941 hour 2 minute 30 p.m.
21. I hereby certify that I attended the deceased from June 1, 1939 to June 25, 1941;
that I last saw him alive on June 24, 1941;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage (non traumatic)	3 yrs
Due to Arteriosclerosis	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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) M.D.
Address 402 Lister Bldg Date signed 6-26-41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

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.