S. No. 2
—11-10-39
. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29385

FILED SEP 8 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1769

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7119 Woodrow Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 46

(c) City or town Normandy 0
(If outside city or town limits, write "RURAL")

(d) Street No. 7119 Woodrow 0
(If rural, give location)

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

3. (a) PRINT FULL NAME EDWARD P. MURPHY

3. (b) If veteran, name war No.

3. (c) Social Security No. 492-10-9198

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Isabella

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July (Month) 12 (Day) 1886 (Year)

8. AGE: Years 55 | Months 1 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace St. Louis (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Assistant Treasurer

11. Industry or business N.O. Nelson Plumbing Supp.

FATHER
12. Name William A. Murphy
13. Birthplace (City, town, or county) 4 Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Anne Burke
15. Birthplace (City, town, or county) 4 Ireland (State or foreign country)

16. (a) Informant Isabella Murphy

(b) Address 7119 Woodrow Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-41 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Lullen & Kelly

(b) Address 7267 Natural Bridge

19. (a) AUG 27 1941 (Date received local registrar) (b) B. G. McGavran MC (Registrar's signature)

707

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25 year 1941 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 1st, 1940 to Aug 25, 1941; that I last saw him alive on Aug 25, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of rectum & Sigmoid	2 yrs.
Due to	
Due to 460	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of rectum & Sigmoid Colon	
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 C. H. Johnson (M. D. or other) MD

Address 2435 N. Grand Date signed 8-26-41

(Licensed Embalmer's Statement on Reverse Side)

OCT 13 1941

2435 N. Grand
Dr. Johnson

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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, above space should be left blank.