

HILLTOP 18 1941 STANDARD CERTIFICATE OF DEATH

State File No. 29961

7300

Registration District No. 791

Primary Registration District No. 1009

Registrar's No.

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:
Alexin Bros. Hospital
(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
(If outside city or town limits, write "RURAL")
(d) Street No. 1493 Stewart Place
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James M. Murphy.

3. (b) If veteran, name war No 3. (c) Social Security No. Not known

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

6. (b) Name of husband or wife Mary Murphy 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov. 4, 1881.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 10 4 hr. min.

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

10. Usual occupation Metal Polisher

11. Industry or business.....

12. Name John F. Murphy

13. Birthplace Washington/D.C.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann O'Brien

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

16. (a) Informant Mrs. Mary Murphy

(b) Address 1493 Stewart Pl.

17. (a) Burial (b) Date thereof Sept. 11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark,

(b) Address 1125 Hodiamont Ave.

19. (a) SEP 9 1941 (b) J. Bredich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
year 1941 hour 3.00 minute P.M.

21. I hereby certify that I attended the deceased from Jan 24, 1934, to Sept. 8 1941
that I last saw him alive on 9-8-41 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to Atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83
Of autopsy 83

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 J. Hayden (M. D. or other) MD
Address 5899 Delmar Date signed 9/8/41

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

Dr. I.F. Hayden
Hamilton & Delmar
2-4 or 7-8 P.M.

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.....

Licensed Embalmer No. 3225.....

P. O. Address 1125 Hodiament Ave.,

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.