

FILLED OCT 2 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1980

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Normandy, Mo.
(If outside city or town limit, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mother of Good Counsel Home - Home of Incurables
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 2 mos.
(Specify whether years, months or days)
In this community 4 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limit, write "RURAL")
(d) Street No. 6825 Natural Bridge Rd
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 24th
year 1941 hour 1: minute 25 A.M.

21. I hereby certify that I attended the deceased from
July 1939 to Sept. 24 1941
that I last saw h. or alive on Sept. 21st 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Cardia Vascular
Renal Disease. Caused by Chr. Diabetes
Mellitus. History: Diabetic Gangrene
of left leg-amputated above knee.
2 yrs. later-Diabetic Gangrene right arm
and hand amputated.

Entered Home of Incurables- July 1939.
Other conditions Cause of Death: Diabetes Mellitus-
(Include pregnancy within 3 months of death)
Acidosis. Uremia. Uremia Coma-2 mos.

3. (a) PRINT FULL NAME Mrs. Mary Anna Murphy

3. (b) If veteran, name war _____ 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January (Month) 16 (Day) 1876 (Year)

8. AGE: Years 71 Months 8 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Waitress

11. Industry or business _____

12. Name Edward O'Rourke

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

14. Maiden name Elizabeth

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

16. (a) Informant Nitty Amels

(b) Address 3861 S. Bates St

17. (a) Burial (b) Date thereof 9-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive Cemetery

18. (a) Signature of funeral director Walter Helder

(b) Address 363th Grange Ave

19. (a) SEP 25 1941 (b) H. Mc Larn (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

Duration

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. B. Quinn (M. D. or other) _____

Address 2718 Jennings St. Date signed _____

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

St. Louis B

OCT 2 1941

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.....

P. O. Address.....

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, above space should be left blank.

10. Usual occupation Waitress

11. Industry or business.....

FATHER { 12. Name Edward O'Rouke

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

MOTHER { 14. Maiden name Bridget Gillespi

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

16. (a) Informant Kitty Amsler

(b) Address 3861 Bates St.

17. (a) Burial (b) Date thereof 9-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Thomas A. Delaney & Son, Inc.

(b) Address 3634 Gravois Ave

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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..... (M. D. or other).....
Address..... Date signed.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

32600

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 Robert C. Wheeler

Licensed Embalmer No. 2128

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.