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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

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1909

State File No. 659

Registrar's No. 741

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6571 Hoffman 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 74 Years IN ST LOUIS MO.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 3

(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6571 Hoffman Ave. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 17

If yes, name country

3. (a) PRINT FULL NAME MARGARET MURPHY

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife WILLIAM MURPHY

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

7. Birth date of deceased AUG. 18 1866
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
75	5	5	hr. min.

9. Birthplace ILLINOIS 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business Housewife.

FATHER
12. Name Lawrence O'Neil 4
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name KATHERINE CULLEN
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant LORETTA JORDON
(b) Address 6571 Hoffman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26/42
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thos Kutis & Son
(b) Address 2906 Gravois Ave.

19. (a) Jan 24 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1942 hour 4 35 AM minute M.

21. I hereby certify that I attended the deceased from Jan 2, 1942, to Jan 23, 1942,
that I last saw her alive on Jan 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Arteri Sclerosis	
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 0

23. Signature C. S. O'Connor (M. D. or other)

Address 1316 A n. Grand Date signed 1-24-42

Dr. B. S. Oberman
1316 A. M. Grand
Ph. D. 9921
9-10.
7-4.

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 David M. Van Fossan, Registered Apprentice No. 280, working under my personal supervision.

Signed Thos Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois

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.