

6757
S. No. 2
M-9.4-41
v. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 9016
Registrar's No. 2804

FILED APR 13 1942

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 8 hrs.
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... John Joseph Murphy

3. (b) If veteran, name war..... World War
3. (c) Social Security No. 337-18-2157

4. Sex..... M 5. Color or race..... W
6. (a) Single, widowed, married, divorced..... M
6. (b) Name of husband or wife..... Charlotte Murphy
6. (c) Age of husband or wife if alive..... 26 years
7. Birth date of deceased..... January 17 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>2</u>	<u>9</u>	<u>20</u> hr. <u>40</u> min.

9. Birthplace..... Brooklyn New York
(City, town, or county) (State or foreign country)

10. Usual occupation..... Steam Fitter

11. Industry or business..... Heating Co.

MOTHER FATHER {
12. Name..... Frank A. Murphy
13. Birthplace..... Ireland
(City, town, or county) (State or foreign country)
14. Maiden name..... Mary Elizabeth Fitzpatrick
15. Birthplace..... Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant..... Charlotte Murphy
(b) Address..... 4728a Olive St.

17. (a) Burial (b) Date thereof..... Mar. 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... Memorial Park Cemetery

18. (a) Signature of funeral director..... Walter Bonser, F. H. Co.
(b) Address..... 6536 Clayton Rd.

19. (a) MAR 30 1942 (b) J. F. Deedek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... Missouri (b) City St. Louis
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4728 A. Olive Street.
(If rural, give location)
(e) Citizen of foreign country?..... None (Yes or No)
If yes, name country..... None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March day..... 27
year..... 1942 hour..... 8:40 minute..... P. M.

21. I hereby certify that I attended the deceased from..... March 27, 1942 to..... March 27, 1942
that I last saw him alive on..... March 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Carcinoma of stomach
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... same
Of autopsy..... same

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..... Joseph C. Donnell (M. D. or other)
Address..... 1515 Lafayette Ave. Date signed..... 3/28/42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Welford G. Burnley*
Licensed Embalmer No. *4292*
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.