

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pronounced dead at C. ty Hosp. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 7/21 McPherson
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 10 100
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2834 N Grand St (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PAUL J MARRHY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elyah Murphy 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business do

12. Name Micheal Murphy

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

14. Maiden name Edna Brown

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

16. (a) Informant Ed J Murphy

(b) Address 2834 N Grand St

17. (a) Burd (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation Catholic Center

18. (a) Signature of funeral director Edna Brown

(b) Address 928 N Grand St

19. (a) MAR 26 1942 (b) J. T. Beedick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th
year 1942 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion; Arteriosclerosis. ^{Duration}

Due to _____
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? _____

While at work? _____ (Specify type of place)
(2) Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____

Address St. Louis Date signed 3/25/42

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

079

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.....

Wilford H. Burnley
.....
Licensed Embalmer No. 42020

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, fact should be so stated above.