

FILED MAR 31 1942  
Registration District No. 784

Primary Registration District No. 115

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
821 N. Hanley Rd /  
(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 Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 821 N. Hanley Rd  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joanna R. Murphy

3. (b) If veteran, name war none 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 James A. Murphy 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. August 1 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 7 12 hr. min.

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

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name James Grace

13. Birthplace Ireland  
(State or foreign country)

14. Maiden name Mary McFadden

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

16. (a) Informant Laura Belle Murphy

(b) Address 821 N. Hanley, St. Louis, Mo.

17. (a) Burial (b) Date thereof 3-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Central Cem.

18. (a) Signature of funeral director Louis H. Cappie

(b) Address Kirkwood, Mo.

19. (a) APR 16 1942 (b) E. S. McFarlan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13  
year 1942 hour 3:30 A minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 5/1 1935 to 3/13 1942  
that I last saw her alive on 3/13 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease Duration 3 yrs.

Due to Hypertension 5 yrs.

Due to Chr. interstitial nephritis 5 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/1a 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) (e) Means of injury \_\_\_\_\_  
Signature J. D. Steinhilber (M. D. or other) M.D.  
Address 12th Central, Clayton Date signed 3/14/42

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

MOTHER FATHER

6  
3  
5

3

784

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**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 John M. Meyer  
Licensed Embalmer No. 3288  
P. O. Address Wilmington Md.

**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.**