S. No. 2
I—1-4-41
. 5-17-39
1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15536

State File No.

FILED MAY 5 1942

Registration District No. 787

Primary Registration District No. 111

Registrar's No. 951

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

96

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether
In this community 56 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County X X X

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

(d) Street No. 5324 Easton Avenue
(If rural, give location)

(e) Citizen of foreign country? NONE (Yes or No)

If yes, name country NONE

3. (a) PRINT FULL NAME John Gregory Murphy

3. (b) If veteran, name war None

3. (c) Social Security No. 494-10-6998

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Divorced Florence Whitmen Murphy

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased September (Month) 4th. (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
54	7	23	xx hr. xx min.

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

10. Usual occupation Gas Adjuster

11. Industry or business Laclede Gas Light Co.

FATHER
12. Name William H. Murphy
13. Birthplace County Cork, (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Margaret Farren
15. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)

16. (a) Informant [illegible]
(b) Address 5040 Page

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/ 30/ 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Watson-Bocklage
(b) Address 6536 Clayton Road

19. (a) APR 29 1942 (Date received local registrar) (b) C. G. McGarran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1942 hour Five minute Forty P.M.

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

Immediate cause of death	Duration
Hypostatic pneumonia	12 hrs.
Chr. myocarditis, terminal	?
Due to Chronic cardio vascular	
Due to renal disease	?
Arteriosclerosis advanced.	?

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

23. Signature Harold J. Ott M.D. (M. D. or other) M.D.

Address 2816 Sutton ave. Date signed 4/28/42

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1962

MAY 2 1962

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address City

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.