

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:  
250a Lemay Ferry Road.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 250a Lemay Ferry  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Katie Lizzie C. Murphy.  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 20  
 year 1942 hour \_\_\_\_\_ minute 20 a. P. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow.  
 6. (b) Name of husband or wife JNO. MURPHY  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 19, 1868  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from about 3/23 1942 to 4-20 1942  
 that I last saw her alive on 4/20-42 and that death occurred on the date and hour stated above.  
 Immediate cause of death Chronic Mio Carditis  
 Duration \_\_\_\_\_

8. AGE: Years 73 Months 9 Days 29  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Valv. Ht. Conditions  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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

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? \_\_\_\_\_

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name David Martin.  
 13. Birthplace Alsace Lorraine, France.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Katherine Fischer.  
 15. Birthplace Baden Baden, Germany.  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 23. Signature J. Barker (M. D. or other) \_\_\_\_\_  
 Address 26.37 mich av Date signed 4/20/42  
St. Louis

16. (a) Informant Stacy Sutt  
 (b) Address 250a Lemay Ferry Road.  
 17. (a) Burial (b) Date thereof April 23, 42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation S. t. Peters Cemetery  
 18. (a) Signature David Fischer  
 (b) Address 1431 Union Blvd.  
 19. (a) APR 23 1942 (b) C. E. McQuinn  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature J. Barker (M. D. or other) \_\_\_\_\_  
 Address 26.37 mich av Date signed 4/20/42  
St. Louis

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

1504. S. Putnam 1-4  
K. S. Putnam

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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.....

Licensed Embalmer No.....

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.**