

MAILED JUN 22 1942

State File No.

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 337

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

1. PLACE OF DEATH: St. Charles Mo.
 (a) County St. Charles
 (b) City or town ST. CHARLES
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: CARMELITE SISTERS HOME 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County 92
 (c) City or town ST. LOUIS 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 5237 PAULIAN Ph.
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes No
 If yes, name country _____

3. (a) PRINT FULL NAME Jennie Murphy
 3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 16
 year 1942 hour 7 minute 30 P.
 21. I hereby certify that I attended the deceased from March 1941 to June 16 1942
 that I last saw h. ex alive on June 16 1942
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) 2 divorced
 6. (b) Name of husband or wife James 6. (c) Age of husband or wife if years
 7. Birth date of deceased OCT-10-1874 16 1942
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis 2 yrs?
 Due to 930
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>7</u>	<u>6</u>	hr. min.

Other conditions generalized atherosclerosis 10 yrs
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace 4 Ireland
(City, town, or county) (State or foreign country)
 10. Usual occupation HOUSE WORK
 11. Industry or business HOME

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

MOTHER FATHER
 12. Name P. J. McDONOUGH
 13. Birthplace 4 IRELAND
(City, town, or county) (State or foreign country)
 14. Maiden name JANE CAFFNEY
 15. Birthplace 4 IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs P. J. Hemilton
 (b) Address 5237 Paulian Place
 17. (a) BURIAL (b) Date thereof 6-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CALVARY

22. If death was due to external causes, fill in the following: No
 (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 0

18. (a) Signature of funeral director Cullen & Hall
 (b) Address 1416 N. Taylor St.
 19. (a) June 18, 1942 (b) Clarence A. Wessler
(Date received local registrar) (Registrar's Signature)

23. Signature George Skute (M. D. or other MD)
 Address 110 Charles, Mo Date signed 6/17/42

JUN 2 1942

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 *Clement McNeuf*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.