

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

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:
St. Mary's Infirmary
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME Lane Murphy
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Feb 7 1863
 (Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Miss 1 (State of foreign country)
 10. Usual occupation Nil

11. Industry or business _____
 12. Name Phillip Nichols
 13. Birthplace _____ (City, town, or county) Miss 1 (State of foreign country)
 14. Maiden name Clara
 15. Birthplace _____ (City, town, or county) Miss 1 (State of foreign country)

16. (a) Informant Mary Manors
 (b) Address 2327 La Salle
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24/42 (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood cem

18. (a) Signature of funeral director J. G. Green
 (b) Address 2915 Franklin ave
 19. (a) OCT 24 1942 (Date received local registrar) (b) J. T. Malach (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County 000 17
 (c) City or town ST. LOUIS 9 122
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2327 La Salle St. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 10 day 17 year 42 hour 6 minute 35 A.M.
 21. I hereby certify that I attended the deceased from 10-10-42 to 10-17- 1942
 that I last saw her alive on 10-17- 1942
 and that death occurred on the date and hour stated above.

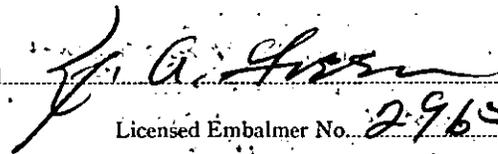
Immediate cause of death: Cerebral Hemorrhage
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 88
 Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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) _____ Means of injury _____
 23. Signature L. S. Davis (M. D. or other) D. M. D.
 Address 1536 Papin Date signed 20-19-42

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.

2965

P. O. Address

2915 Franklin Ave

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.