. S. No. 2
0M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Filed DEC 29 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39125

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 10629

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1226 Missouri ave (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 Mo (b) County 000 12 22 9
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1226 Missouri ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

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

4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Melba Murphy
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased Jan (Month) 27 (Day) 1886 (Year)

8. AGE: Years 56 Months 10 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Labor
11. Industry or business
FATHER
12. Name Ben Murphy
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Millie ?
15. Birthplace (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Allen Murphy
(b) Address 1226 Missouri ave.
17. (a) Burial Shipped (Burial, cremation, or removal) (b) Date thereof Dec 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery Mo
18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin ave.
19. (a) DEC 21 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17th year 1942 hour 5:00 minute P. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Body badly charred, when found on a burning dump at the foot of Loughborough St., about 5:00 o'clock PM, Dec.17th, 1942. Duration
Due to OPEN VERDICT
Due to
Other conditions (Include pregnancy within 3 months of death) 1 1 1 1
Major findings: Of operations 99
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) OPEN VERDICT
(b) Date of occurrence 12-17-1942 000
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred J Perry (M. D. or other)
Address Deputy Coroner Date signed 12/19/42

(Licensed Embalmer's Statement on Reverse Side)

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 F. G. Gorin

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin a

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.