

FILED JAN 14 1943

State File No. 18

Registration District No.

Primary Registration District No. 1003

Registrar's No.

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:
4457 FOREST PARK BLVD.
(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.....
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4457 FOREST PARK BL
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME EDWARD PETER MURPHY

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex MALE 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LILLIAN MARGARET HEINRICH 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased SEPT. 2 - 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 4 0 hr. min.

9. Birthplace MO.
(City, town, or county) (State or foreign country)

10. Usual occupation NIGHT WATCHMAN

11. Industry or business.....

MOTHER FATHER
12. Name TIMOTHY MURPHY
13. Birthplace IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name MARY HEENY
15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Murphy
(b) Address 4457 Forest Park

17. (a) BURIAL (b) Date thereof JAN 4 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director J. J. Mullen
(b) Address 5165 Delmar Blvd.

19. (a) JAN 3 (b) 1943 (c) J. J. Mullen
(Date received local registrar) (Year) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 2nd
year 1943 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Jan 28 to Jan 2, 1943
that I last saw him alive on Jan 31, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - old coronary disease

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Duration
7420
2475

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 it occur in or about home, on farm, in industrial place, in public place?
While at work? NO (Specify type of place)
(e) Year of injury.....

23. Signature J. W. Heindel (M. D. or other)
Address 4500 Olive Date signed 1-2-43

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

844

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.....

H. G. Farris

Licensed Embalmer No.....

3384

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.