

APR 15 1943

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 663

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

386

1. PLACE OF DEATH:

(a) County St. Louis.

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 6300 Northwood Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME David D. Murphy.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th.
year 1943 hour 11 minute 40 A.M.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nell Murphy. 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased September 3, 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1942 to Mar 19 1943
that I last saw him alive on Mar 19 1943
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>52</u> | <u>6</u> | <u>16</u> | hr. min. |

Immediate cause of death Coronary Sclerosis

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

Due to Diabetes Mellitus

Due to _____

10. Usual occupation Show Business.

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name David Murphy.

Major findings: Of operations 61

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

13. Birthplace Ireland.
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Lynch.
(City, town, or county) (State or foreign country)

15. Birthplace Ireland.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nell Murphy.

(b) Address 6300 Northwood Ave.

17. (a) Burial. (b) Date thereof 3-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calyary Cemetary.

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? _____

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

While at work? _____ (Specify type of place)

(c) Means of injury _____

19. (a) MAR 22 1943 (b) E. M. ...
(Date received local registrar) (Registrar's signature)

23. Signature Carlton ... (M. D. or other) _____

Address _____ Date signed 3-20-43

JUL 19 1944

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.