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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22462

State File No. 1

D JUL 10 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1535

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
MANCHESTER NURSING HOME.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 MONTH.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON

(c) City or town KIMMSWICK Mo
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country — — 1

3. (a) PRINT FULL NAME LOUISE FRANCES MURPHEY

3. (b) If veteran, name war ~

3. (c) Social Security No. ~

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife SINGLE

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased SEPT (Month) ? (Day) 1878 (Year)

8. AGE: Years ? 64 Months 7 Days ? If less than one day ..... hr. ..... min.

9. Birthplace JACKSON (City, town, or county) MISS. (State or foreign country) 1

10. Usual occupation RETIRED.

11. Industry or business .....

FATHER
12. Name EDMUND MURPHEY
13. Birthplace QUEBEC (City, town, or county) CANADA. (State or foreign country) 2

MOTHER
14. Maiden name ELLEN QUINLIN
15. Birthplace ? (City, town, or county) IRELAND (State or foreign country) 4

16. (a) Informant MR. THOMAS A. MURPHEY
(b) Address KIMMSWICK Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY (Month) 5 (Day) 1943 (Year)
(c) Place: burial or cremation CALVARY CEM. ST LOUIS Mo.

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK Mo

19. (a) JUL 6 1943 (Date received local registrar) (b) C. G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1943 hour 6 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 10, 1943, 19..., to July 2, 1943, that I last saw h[illegible] alive on July 1, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of lt. breast	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature C H Denny (M. D. or other) MD

Address Creve Coeur, Mo Date signed 7-2-43

717

(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 Arthur Heiligtag

Licensed Embalmer No. 3872

P. O. Address Kimmswick Mo.

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.