

Registration District No. 317

Primary Registration District No. 4467

Registrar's No. 1569

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Valley Park  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life Time years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3112 N. Taylor Ave. (If rural, give location)  
(e) Citizen of foreign country? / (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward L. Murphy

3. (b) If veteran, name war None 3. (c) Social Security No. 492-01-7598

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

6. (b) Name of husband or wife Mary E. 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct. 24 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>8</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Shoe worker

11. Industry or business International Shoe Co.

MOTHER FATHER

12. Name Perry Murphy

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

14. Maiden name Jane Foley

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

16. (a) Informant Mary Murphy

(b) Address 3112 N. Taylor

17. (a) Burial (b) Date thereof 7-8-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Street & Carroll

(b) Address 4600 Natural Bridge

19. (a) JUL 9 1943  
(Date received local health officer)

(b) [Signature]  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4  
year 1943 hour 2:20 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Committed suicide by drowning in Meramec River.

Duration

Due to Drowned.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes.

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) Suicide.

(b) Date of occurrence July 4, 1943

(c) Where did injury occur? Meramec River  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Public place

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury ?

23. Signature [Signature] Registrar

Address Kirkwood, Mo. 7-6-43 Date signed \_\_\_\_\_

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

9-1-70

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**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 *Frank H. Short*.....

Licensed Embalmer No. 2248.....

P. O. Address 46 W. 1st Bridge.....

**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.**