No. 2
—2-43
5-17-39
X35697

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

35779

State File No. 0

NOV 13 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2474

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 8/24/43 (Specify whether years, months or days)

In this community unknown.

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1307 South 13th Street
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME Frank Timothy Murphy

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 497-03-3987

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Irma

6. (c) Age of ~~husband or~~ wife if alive 52 years

7. Birth date of deceased November (Month) 5, (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	0	0	hr. min.

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

10. Usual occupation Floorman

11. Industry or business Small Arms Plant.

FATHER
12. Name Timothy Murphy
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Emma Roach
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant M. Schillig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 8 43 (Month) (Day) (Year)

(c) Place: burial or cremation National Cem., Jefferson Barracks, Mo.

18. (a) Signature of funeral director Wacker-Helderle Und Co.

(b) Address 3634 Gravois Avenue

19. (a) NOV 8 - 1943 (Date received local registrar) (b) E. G. McGarran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5th year 1943 hour 8:10 minute a. M.

21. I hereby certify that I attended the deceased from August 24, 1943, to November 5, 1943; that I last saw him alive on November 5, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA, LIVER AND ABDOMINAL ORGANS, EXTENSIVE, SITE OF ORIGIN UNKNOWN. — Duration About 7 mo.

Due to -

Due to -

46 f

Other conditions None.
(Include pregnancy within 3 months of death)

Major findings: 11/2/43 -
Of operations Operation - Exploratory celiotomy, findings as shown above for cause of death.
Of autopsy No autopsy performed.

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) no

(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 L. M. COCHRAN, M.D., (M. D. or other)

Address Chief Medical Officer Date signed 11/5/43

(Licensed Embalmer's Statement on Reverse Side)

AUG 4

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.....

Licensed Embalmer No.....

P. O. Address.....

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.