. S. No. 2
30M—2-43
ev. 5-17-39
I 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

State File No. 36736

FILED NOV 29 1943 818
Registration District No.

Primary Registration District No. 1003

Registrar's No. 10072

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: City Hospital #1 0
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 20

(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3002a Montgomery St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Murphy

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Murphy

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April (Month) 15 (Day) 1875 (Year)

8. AGE: Years 68 Months 7 Days 0 If less than one day hr. min.

9. Birthplace New Castle (City, town, or county) England 4 (State or foreign country)

10. Usual occupation at Home

11. Industry or business

FATHER 12. Name Dominic Mc. Nicholas

FATHER 13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

MOTHER 14. Maiden name Dont Know

MOTHER 15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant William Murphy

(b) Address 3002a Montgomery St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11- 18-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd

19. (a) NOV 17 1943 (Date received local registrar) (b) J. F. Bueck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15 year 1943 hour 9 minute 25 a M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death 2nd 3rd Degree Burns of Trunk and Lower Extremities suffered when her Clothing became

Due to Ignited from a piece of burning Paper with which she

Due to had attempted to light the gas stove in the Kitchen

Duration

Other conditions of her home at (Fetal, premature, multiple, pregnancy, etc.) 3002 Montgomery St

Major findings: 0
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) Accident

(b) Date of occurrence 11-13-43 9:00

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

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

While at work? No (e) Means of injury Burns

23. Signature Thomas F. Callaway (M. D. or other)

Address Deputy Coroner Date signed 11-17-43

(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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, 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.