

FILED JAN 12 1943 18

Registration District No. 1003

Registrar's No. 11765

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

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:  
5926 Mc Pherson  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 39 Years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
95

(d) Street No. 5926 Mc Pherson  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Lois Beatrice Murphy

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, wid. Divorced Wid.

6. (b) Name of husband or wife Edmund P. 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Feb 7th 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69 10 17 br. \_\_\_\_\_ min.

9. Birthplace Hannibal Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Louis Seaton

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

14. Maiden name Emma Chinn

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

16. (a) Informant Edmund P. Murphy

(b) Address 5926 Mc Pherson

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 26, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Hannibal, Mo.

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) DEC 28 1943 (b) J. F. Burdick  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24th  
year 1943 hour 8:15 minute 0 P. M.

21. I hereby certify that I attended the deceased from 1934 to December 24, 1943; that I last saw her alive on December 24, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac

Due to Chronic myocarditis 9 yrs.

Due to Chronic cardiac vessels 9 yrs.  
renal hypertension

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 131a

Of autopsy none

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? \_\_\_\_\_

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

23. Signature Frederick Dear (M. D. or other) M.D.  
Address 269 Hamilton Blvd Date signed 12-25-43

69477  
69477

---

---

**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 Thomas R. Lemrick

Licensed Embalmer No. 3793

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.**