

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9302

State File No. _____
Registrar's No. **3205**

FILED APR 13 1944
Registration District No. **818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 97
(d) Street No. 4954 Lilburn
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Patrick Henry Murphy
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 4
year 1944 hour 2 minute 40 P.M.
21. I hereby certify that I attended the deceased from March
20, 1944 to April 4, 1944
that I last saw him alive on April 4, 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Julia Murphy
(c) Age of husband or wife if alive 8 years 1865
7. Birth date of deceased March 8
(Month) (Day) (Year)

Immediate cause of death Carcinoma of prostate
Duration 4 yrs.

8. AGE: Years Months Days If less than one day
79 0 27 hr. min.

Due to 51
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Ireland (City, town, or county) (State or foreign country)
10. Usual occupation Switchman
11. Industry or business Retired 24 years

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? _____

MOTHER FATHER {
12. Name Tim Murphy
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant 4954 Lilburn
(b) Address 4954 Lilburn
17. (a) burial (b) Date thereof 4-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.
19. (a) (Date received local registrar) APR 0 1944 (b) (Registrar's signature) J. F. Brueck

While at work? (Specify type of place) _____ (c) Means of injury _____
23. Signature Joe D. Belleville (M. D. or _____)
Address Mo. Pac. Hosp. Date signed 4-4-44

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.....

Virgil L. Berryman

Licensed Embalmer No. *4018*

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.