

FILED APR 20 1944 318

State File No. \_\_\_\_\_  
Registrar's No. 2253

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
5833 Arsenal St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community 39 Years  
years, months or days

3. (a) PRINT FULL NAME Hattie L Murphy

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F | 5. Color or race W

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

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 12 years  
(Day) (Year)

7. Birth date of deceased 3 12 1861  
(Month) (Day) (Year)

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

83 0 24 hr. min.

9. Birthplace Saline County Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At home

MOTHER FATHER { 12. Name John Ferguson

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

14. Maiden name Rebecca Williford

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

16. (a) Informant Frankie Udell

(b) Address 5833 Arsenal St.

17. (a) Motor (b) Date thereof 4 / 8 / 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisburg Illinois

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) APP 11 (b) J. J. Budek  
(Date received local health officer) (Registrar's signature)

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. 5833 Arsenal St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 44 hour 4 minute 29 P. M.

21. I hereby certify that I attended the deceased from Mar 20 1943 to Apr 6 1944  
that I last saw her alive on Apr 6 1944  
and that death occurred on the date and hour stated above

Immediate cause of death Carcinoma of Bladder

Duration 1 yr

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

Due to 57

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

Major findings: 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) \_\_\_\_\_

(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 J. J. Budek (M. D. or other) M.D.  
Address 5930 Southwest Date signed 4-7-44

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

06  
17  
9

3358

3358

**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 L.R. Cooper

Licensed Embalmer No. 3633

P. O. Address. 2317 Lafayette

**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.**