DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20073

FILED JUL 8 1944 318

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 5874

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: 4434 Kossuth Ave.
(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 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. 4434 Kossuth Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Thomas Murphy

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Marie Holden Murphy

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

7. Birth date of deceased December (Month) 20 (Day) 1871 (Year)

8. AGE: Years 72 Months 6 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Revere (City, town, or county) Massachusetts (State or foreign country)

10. Usual occupation Shoe Worker

11. Industry or business _____

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

MOTHER
14. Maiden name Dora Findlay
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Marie S. Murphy
(b) Address 4434 Kossuth Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-1-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) JUN 30 1944 (Date received local registrar) J. J. Bredesen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1944 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from June 7, 1944, to June 29, 1944, that I last saw him alive on June 28, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cor Myocarditis

Due to _____

Due to _____

Other conditions Senility and Arteriosclerosis
(Includes pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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) (e) Means of injury _____

23. Signature C. E. Williamson (M. D. or coroner)

Address 6336 Clayton Road Date signed 6/29/44

(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.....Francis H. Strauss

Licensed Embalmer No.....2265

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.