V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26480

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7615

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:
St. Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 92
(If outside city or town limits, write "RURAL")

(d) Street No. 5625 Rhodes Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Margaret Mary Murphy

3. (b) If veteran, name war XX

3. (c) Social Security No.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 23 (Day) 1889 (Year)

8. AGE: Years 55 Months 4 Days 8 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Nurse

11. Industry or business

FATHER
12. Name John Murphy
13. Birthplace County Cork (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Bridget Coleman
15. Birthplace County Cork (City, town, or county) Ireland 11 (State or foreign country)

16. (a) Informant Mrs Martin Dow

(b) Address 5625 Rhodes Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/44 (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director John L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) SEP 3 1944 (Date received local registrar) (b) J P Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st year 1944 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 28, 1944, to 9-1-, 1944 that I last saw her alive on 9-1-, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Ac. Myelogenous Leukemia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 74 a

Major findings:
Of operations

Of autopsy As above

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Carl J. Rees (M. D. or other)

Address Humboldt Bldg Date signed 9-2-44

(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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.