

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED SEP 30 1948
Registration District No. **1948**

Primary Registration District No. **1003**

Registrar's No. **7982**

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:
2502 N. Grand Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days) 1 (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mo 4
(c) City or town St. Louis 17 11
(If outside city or town limits, write "RURAL")
(d) Street No. 2502 N. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Joseph Edward Murphy.
3. (b) If veteran, name war No
3. (c) Social Security No. 493-01-6524

20. DATE OF DEATH: Month September 16
year 1944 hour 6 minute 48 P.M.

MEDICAL CERTIFICATION

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Hewitt
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased March 17 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....
..... 19....., to..... 19.....;
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 5 29 hr. min.

Immediate cause of death
Coronary Thrombosis
Due to 94a
Due to
Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Foreman

11. Industry or business City Police & Fire Signal

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

14. Maiden name Margaret Jameson
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Murphy
(b) Address 2502 N. Grand Blvd.

17. (a) Burial (b) Date thereof 9-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) SEP 18 1944 (b) J. J. Jameson
(Date received local registrar) (Registrar's signature)

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?

23. Signature Robert Perry (M. D. or other) 3
Address Date signed 9/18/44

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 *Fred Truck*

Licensed Embalmer No. 3186

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.