V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 5 1944

Registration District No. 37

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 31790

Registrar's No. 1994

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Jenning
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7018 Minnie Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 7018 Minnie Ave
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME James P. Murphy

3. (b) If veteran, name war none

3. (c) Social Security No. 493-07-0306

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha Schultz

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Jan. 28, 1907 (Month) (Day) (Year)

8. AGE: Years 37 Months 7 Days 29 If less than one day hr. min.

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

10. Usual occupation Ham Boner

11. Industry or business Meat Packing

FATHER
12. Name James Murphy
13. Birthplace Carrolton (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Katherine Cunningham
15. Birthplace Martinsburg (City, town, or county) Mo (State or foreign country)

16. (a) Informant Martha Murphy
(b) Address St. Louis Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director Chas. Burke
(b) Address East St. Louis, Ill

19. (a) SEP 29 1944 (Date received by local registrar) (b) E. B. McGovern M.D. Crus (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1944 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from September 22nd, 1944, to Sept 27, 1944 that I last saw him alive on Sept 26, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of both lungs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations not operated

Of autopsy not done

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) no

(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 —

23. Signature George J. Tucker (M. D. or other) 1944

Address Mo. Theatre Bldg. Date signed Sept. 28

707

(Licensed Embalmer's Statement on Reverse Side)

OCT 6 1944

FEB 16 1945

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 Chas M. Burke

Licensed Embalmer No. 2421

P. O. Address East St Louis Ill

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.