

S. No. 2  
M-5-43  
v. 5-17-39  
I X36871

**FILED DEC 9 1944**  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10184**

**1. PLACE OF DEATH:**

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bethesda General  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 hrs. 30 min.  
(Specify whether  
In this community 6 hrs. 30 min.  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3840 Shaw Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: U

3. (a) PRINT FULL NAME Murphy, Deborah Lee

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 11 27 1944  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 6 hr. 30 min.

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Ann Murphy

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

14. Maiden name Wilma Mills

15. Birthplace Brunol Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Sinclair

(b) Address 3840a Shaw

17. (a) Burial (b) Date thereof 11-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Des Arc, Missouri

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) NOV 29 (b) J. F. Bredbeck  
(Date received local registrar's certificate) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 27  
year 1944 hour 10 minute 45 a. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw her alive on Nov. 27, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypoglycemia  
Due to Hypertension  
Due to maternal diabetes mellitus  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Breast tumor (362200)

Duration  
life  
life  
6 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Major findings: Of operations none  
Of autopsy none

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 J. F. Bredbeck (M. D. or other) MD  
Address 4600 Maryland Date signed 11/28/44

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

---

**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.....

*John Agorosh*

Licensed Embalmer No. *3398*.....

P. O. Address.....

**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.**