

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

3. (a) PRINT FULL NAME Baby Mary Murphy
3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 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 1 4 5 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day 2 hr. 25 min.

9. Birthplace St. Johns Hosp (City, town, or county) (State or foreign country) 11

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER { 12. Name Brent Murphy
13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country) 0
14. Maiden name Patricia Lennon
15. Birthplace Joliet Ill (City, town, or county) (State or foreign country) 1

16. (a) Informant Brent Murphy
(b) Address 6416 Oakland Ave

17. (a) Burial (b) Date thereof 1 8 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Kirkwood

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway Blvd

19. (a) JAN 8 1945 (Date received local registration) J. R. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 601
(d) Street No. 6416 Oakland Ave (If rural, give location) 17
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5 year 1945 hour 3 minute 50 P. M.
21. I hereby certify that I attended the deceased from 1-4 1945, to 1-5 1945;
that I last saw her alive on 1-5 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Prematurity (6 1/2 mos gest)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 159

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? _____

While at work _____ (Specify type of place) (e) Means of injury 0

23. Signature Joseph A. Hardy Jr (M. D. or other) M.D.
Address 4952 Wyanolwood Date signed 1-6-45

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.....

Licensed Embalmer No.....

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.