

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 953

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
 (If not in hospital or institution, write street number or location) Memorial
 (d) Length of stay: In hospital or institution 3 days
 In this community _____ (Specify whether years, months or days) 0

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 16 1866
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 4 12 _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick Murphy
 { 13. Birthplace Unknown Unknown
 { 14. Maiden name Mary Unknown
 { 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Rose Darpel
 (b) Address 1819 Menard St.

17. (a) Burial (b) Date thereof 1-31-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

19. (a) JAN 30 1945 J. F. Brudick
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1709 S. 10th St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th
 year 1945 hour 6:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1/25/45
 _____, 19____, to 1/28/45, 19____;
 that I last saw him alive on 1/28/45, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart attack from Duration
left ventricular aortic artery
due to hypertension

Due to _____
 Due to _____

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

Major findings:
 Of operations _____

Of autopsy Refused
 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 _____

23. Signature Herbert C. Fritz (M. D. or other) _____
 Address 1515 Lafayette Date signed 1/29/45

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 *Albert G. Haffner*

Licensed Embalmer No. *2971*

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.