

FILED FEB 13 1945

Registration District No. 372

Primary Registration District No. 3068

Registrar's No. 2881

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maplewood Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Months
(Specify whether Life)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4548 Forest Park Boulevard
(If rural, give location) 19

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

If yes, name country _____

3. (a) PRINT FULL NAME JAMES EDWARD MURPHEY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color White race

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

6. (b) Name of husband or wife Esther Murphey

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

7. Birth date of deceased 2 6 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Ret'd Police Officer

11. Industry or business St. Louis Police Dept.

12. Name William Alexander Murphey

13. Birthplace Unknown Va.
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Ann Jones

15. Birthplace Unknown Va.
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Murphey Jr.

(b) Address 1800 Dyer Avenue, Overland, Mo.

17. (a) Burial (b) Date thereof 1-24-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontains Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Boulevard

19. (a) JAN 25 1945 (b) E. J. McLaughlin
(Date received local return) (Registrar's signature) Card

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1945 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 11 1944 to Jan. 21 1945
that I last saw him alive on Jan. 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. myocarditis

Due to Senility

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

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 ○

Signature A. Sterling (M. D. _____)

Address 7266 Manchester Date signed 1-23-45

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

W5

Dr. John Sterling
7266 Manchester Ave
Hi 4885

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar St Louis

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.