

7. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35228
Registrar's No. 2692

Registration District No. 317

Primary Registration District No. 3070

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

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
531 E Lockwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) _____

In this community _____

3. (a) PRINT FULL NAME MARGARET C. MURPHY

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, widowed, married, divorced <u>Widow</u>
6. (b) Name of husband or wife <u>Joseph D</u>		6. (c) Age of husband or wife if alive <u>deceased</u> years _____
7. Birth date of deceased <u>June 5 1863</u> (Month) (Day) (Year)		

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>6</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Fred. Switzer

13. Birthplace Ireland (City, town, or county) (State or foreign country) 1

14. Maiden name Bridget Martin

15. Birthplace Ireland (City, town, or county) (State or foreign country) 4

16. (a) Informant Francis H. Murphy

(b) Address 531 East Lockwood

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

(c) Place: burial or cremation Celways Cem

18. (a) Signature of funeral director M. J. Proffman

(b) Address 7146 Manchester Ave

19. (a) DEC 29 1944 (Date received local registrar) (b) E. D. Maharran (Registrar's signature) 274 E Big Bend Webster Groves (Address)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 531 E. Lockwood 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 11
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 44 hour 1 minute 05 AM.

21. I hereby certify that I attended the deceased from June 16, 1944 to Dec 27, 1944
that I last saw her alive on Dec 27, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Hypertensive Heart Disease

Due to _____

Other conditions Semility
(Include pregnancy, within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration Mo's

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

Signature E. D. Maharran (M. D. or D. O.) MD

Address 274 E Big Bend Webster Groves

(Licensed Embalmer's Statement on Reverse Side)

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. Happe*

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.