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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 24 1945 318

1003

Registrar's No. 1082

Registration District No. _____

Primary Registration District No. _____

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

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17
9

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
7720 Fordey 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME William Murphy

3. (b) If veteran, name war NO

3. (c) Social Security No. 70

4. Sex Male? **5. Color or race** Cal

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

6. (b) Name of husband or wife Martha Murphy

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb 7 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>11</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace Miss 1
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace La 1
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Murphy

(b) Address 7720 Fordey St

17. (a) Removal (b) Date thereof Feb 5 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St. Louis

18. (a) Signature of funeral director W. M. Green

(b) Address 3517 Locke Ave

19. (a) FEB 3 1945 (Date received local registrar) J. F. Braddock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

(c) City or town St. Louis 004
178
78
(If outside city or town limits, write "RURAL")

(d) Street No. 7720 Fordey Street
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1945 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Sclerosis

Due to Atherosclerosis

Other conditions _____

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) (Means of injury)

23. Signature W. M. Green (M.D. or other) _____
Address Deputy Date signed 2/1/45

(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 *James G. Lammert*
Licensed Embalmer No. *4142*
P. O. Address *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.