V. S. No. 2
00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 7177

Registrar's No. 432

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 5823 Janet Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 50 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Jennings (If outside city or town limits, write "RURAL")

(d) Street No. 5823 Janet Ave. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Timothy E. Murphy

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M.

5. Color or race W.

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

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

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 9th., 1885 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	7	1	hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business

FATHER
12. Name James Murphy
13. Birthplace ..... (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Catherine Ryan
15. Birthplace ..... (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mrs. Agnes Murphy

(b) Address 5823 Janet Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) FEB 14 1945 (Date received local registrar) (b) E. G. McGannon HD (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb. day 10th., year 1945 hour 10 minute 30 p. M.

21. I hereby certify that I attended the deceased from 1-16, 1945, to 2-10, 1945, that I last saw him alive on 2-10-45, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia — Duration 2 days

Due to cardiac decompensation — 2 mos.

Due to .....

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? ..... (Specify type of place)

While at work? (e) Means of injury?

23. Signature Lloyd J. Olson (M. D. or other)

Address 6817 W. Florissant Date signed 2-12-45

(Licensed Embalmer's Statement on Reverse Side)

D[redacted]son
6817 W.Florissant Ave.

MAR 20 1945

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.