

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED MAR 23 1945

318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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 #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

In this community 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 044
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9

(d) Street No. 3711a N 9th. St.
(If rural, give location) 26

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

If yes, name country -

3. (a) PRINT FULL NAME Anna Murphy

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female race white

5. Color or race white

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

6. (b) Name of husband or wife Joseph P. Murphy

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased October 9 1864
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th
year 1945 hour 5:40 minute P M.

21. I hereby certify that I attended the deceased from 2/23/45
19... to 3/7/45 19...
that I last saw her alive on 3/7/45 19...
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>26</u>	hr. min.

Immediate cause of death Carcinoma of breast with metastases

Due to 50

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

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

10. Usual occupation Housewife

11. Industry or business

12. Name Stark

13. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

16. (a) Informant Joseph P. Murphy

(b) Address 3711a N. 9th St.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 3 10 45
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Calvin Feutz Funeral Home

(b) Address 4828 Nat'l Bridge Bl.

19. (a) MAR 12 1945 (b) J. F. Medwick
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature J. F. Medwick 1515 Lafayette 3/8/45
Address Date signed

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

8622

8622

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 *John A. Melnar*
Licensed Embalmer No. *4186*
P. O. Address *St. Louis Mo.*

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.