

FILED JUN 19 1945

Registration District No. 377

Primary Registration District No. 6076

State File No.

Registrar's No. 1565

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay

(c) Name of hospital or institution: Mt. St. Rose Sanitorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (years, months or days)

3. (a) PRINT FULL NAME John Brophy

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eleanor

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

7. Birth date of deceased December 29 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>6</u>	<u>13</u>	hr. min.

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

10. Usual occupation Showman

11. Industry or business _____

12. Name John Brophy

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

14. Maiden name Catherine Mueller

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

16. (a) Informant Leslie Brophy

(b) Address 4722 McPherson Ave.

17. (a) Burial (b) Date thereof 6-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUN 15 1945 (b) E. B. McEwen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 91

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

(d) Street No. 5354 Northland Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1945 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from 4-20-45 19, to 6-12-45 19;
that I last saw him alive on 6-12-45 19;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chr. Pulm. Tub. 4 yrs.

Due to Death following 1st stage thrombolysis probably due to embolism

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

Major findings: 1361

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 Arthur P. Arnold (M. D. or other)

Address 607 N. Grand Date signed 6/13/45

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 H. Hoppe*
.....
Licensed Embalmer No. *1861*

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.