S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 21 1945

State File No. 29285

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8085

1. PLACE OF DEATH
(a) County St. Louis, Missouri.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4000a Kennerly 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4000a Kennerly ave., 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HANNAH MURPHY
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Dan P. Murphy
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased March 5, 1881 (Month) (Day) (Year)
8. AGE: Years 64 Months 6 Days 10 If less than one day hr. min.
9. Birthplace Ireland (City, town, or county) - - - - 4 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Roche
13. Birthplace IRELAND (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name UNK
15. Birthplace IRELAND (City, town, or county) 11 (State or foreign country)
16. (a) Informant Joseph Murphy
(b) Address 4000a Kennerly
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director SULLIVAN
(b) Address 2849 No. Euclid Ave.,
19. (a) SEP 17 1945 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15th year 1945 hour 11.00 minute a M.
21. I hereby certify that I attended the deceased from Aug 1939, 19, to Sept 15, 1945; that I last saw her alive on Aug 15, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	deep instanter
Due to 1. Hypertensive arteries sclerotic heart dis c auricular fibrillation	unknown
Due to 2. Diabetes Mellitus	unknown
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 Wayne O. Gerlach (M. D. or [illegible])
Address 2739 No. Grand Date signed 9-17-45

(Licensed Embalmer's Statement on Reverse Side)

Dr Wayne O Gorla
Lindell Tr Bldg
Grand & St Louis Ave
Ne 1790

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 Robert L. Brinkman

Licensed Embalmer No. 3553

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.