. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 19 1945

State File No. 32219

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8685

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconness O
(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 Mo. (b) County St. Louis 96
(c) City or town MAPLEWOOD 5
(If outside city or town limits, write "RURAL")
(d) Street No. 7229 MOLLER AVE N.R. 3
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME JOSEPH B. MURPHY JR.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. O
5. Color or race wh
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Mary Martha Perkins
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Nov (Month) 19 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	10	17	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation SALESMAN
11. Industry or business ANHEUSER-BUSH
FATHER
12. Name JOSEPH B. MURPHY
13. Birthplace DUBLIN (City, town, or county) IRELAND (State or foreign country)
MOTHER
14. Maiden name MARGARET SWITZER
15. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant FRANCIS H. MURPHY SR
(b) Address LOCKWOOD AVE.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-9-45 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director M. J. CROGHAN
(b) Address 7146 MANCHESTER
19. (a) OCT 8 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6 year 1945 hour 7 minute 50 A.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 1 Fracture of Skull 2 Subdural hemorrhage of brain when he jumped from a third floor room of the deaconess Hospital around 7.45 A.M.
Due to
Due to Oct. 6th 1945
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

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) Suicide
(b) Date of occurrence Oct 6 1945
(c) Where did injury occur? St Louis (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Deaconess (Specify type of place)
While at work? (e) Means of injury Is above
23. Signature [signature] (M.D. or other)
Address [illegible] Date signed 10/6/45

(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 Albert S. Koffe

Licensed Embalmer No. 2971

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.