

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

FILED DEC 28 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11028

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

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:
St. Louis City Hospital (Max C. Sparks Bldg.)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 123

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

(d) Street No. 1602 Mississippi Av
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Baby Murphy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced SD

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 15 1945
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15 year 1945 hour 11 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.

8. AGE:

Years	Months	Days	If less than one day
<u>—</u>	<u>—</u>	<u>—</u>	<u>2 hr. 0 min.</u>

Immediate cause of death Prematurity Duration _____

Due to _____

Due to _____

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Earl Murphy

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

14. Maiden name Easter Jewel Coody

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

16. (a) Informant Joseph Murphy

(b) Address 1602 Mississippi Ave

17. (a) Burial (b) Date thereof 12-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director St. M. McLaughlin

(b) Address 3301 Lafayette Ave

19. (a) DEC 18 1945 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Brudick (M.D. or other) _____

Address 1513 Lafayette Ave Date signed 12-15-45

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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.

Not Embalmed

Signed..... *@ W. Wooper*.....

Licensed Embalmer No. *#830*.....

P. O. Address. *2317 Lafayette Ave*.....

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.