...OF COMMERCE
...REAU OF THE CENSUS

FILED FEB 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 713

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1168

X35697

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

2907

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer G. Phillips
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2625 Pine Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Alfreda Murphy

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 3

5. Color or race Col.

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 30, (Day) 1944 (Year)

8. AGE: Years 1 Months 3 Days 1 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Richard Murphy
13. Birthplace Greenwood, (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name Stella Bridget
15. Birthplace Vickbrug, (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Stella Murphy
(b) Address 2625 Pine Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood cem.

18. (a) Signature of funeral director Dement & Son
(b) Address 2629-31 Cole Street

19. (a) (Date received local registrar) FEB 4 1946 (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day Jan
year 1946 hour 9 minute 40 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

Due to Bronchi Pneumonia

Due to Erysipelas (Sero-Purulent)

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)

(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 Patrick E Taylor (M. D. or other)

Address Dy Em Date signed 2/4/46

(Licensed Embalmer's Statement on Reverse Side)

[illegible]

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.....

Licensed Embalmer No.....

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.