

FILED FEB 18 1946

Registration District No. **27**

Primary Registration District No. **6076**

Registrar's No. **379**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Valley Park**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **near Forest Ave 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
(Specify whether
In this community **10 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Valley Park, Mo. 16**
(If outside city or town limits, write "RURAL")
(d) Street No. **near Forest Ave. 0**
(Menzel, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ALICE MURPHY**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **23**
year **1946** hour **11** minute **30** A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **94a.**

Due to **Natural Causes**

Due to _____

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

Major findings: Of operations _____

Of autopsy **Yes**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **Natural Causes**

(a) Accident, suicide, or homicide (specify) **Natural Causes**

(b) Date of occurrence **Jan. 23, 1946**

(c) Where did injury occur? **Valley Park St. Louis Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? **no** (Specify type of place) (e) Means of injury **none**

23. Signature **Ernest J. Willmann** Coroner **3**
Address **Clayton Mo** (M. D. or other) **2-11-46**
Date signed

4. Sex **Female** 5. Color of hair **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Thomas Murphy** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **66** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Bloomington, Ill** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Own home**

12. Name **Frank Lessem**

13. Birthplace **Ill.** (City, town, or county) (State or foreign country)

14. Maiden name **Theresa Frank**

15. Birthplace **Ill.** (City, town, or county) (State or foreign country)

16. (a) Informant **Thomas Murphy**

(b) Address **Valley Park, Mo.**

17. (a) **Burial** (b) Date thereof **1/23/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cem.**

18. (a) Signature of funeral director **W. J. ...**
(b) Address **Ballwin, Mo.**

19. (a) **2-13-46** (b) **E. J. ...**
(Date received local registrar) (Registrar's signature)

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

6095

MAR 22 1945

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

Geo. Schaefer

Licensed Embalmer No.

3066

P. O. Address

Dallwin, Mo.

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.