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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15047

FILED MAY 31 1946

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3701

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 63
(c) City or town Vienna (If outside city or town limits, write "RURAL") 0
(d) Street No. NR (If rural, give location) 6
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME James Murphy
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of ~~husband~~ or wife Cathrine Wood
6. (c) Age of ~~husband~~ or wife if alive years
7. Birth date of deceased Sept (Month) 24 (Day) 1878 (Year)
8. AGE: Years 67 Months 6 Days 24 If less than one day hr. min.
9. Birthplace Vienna (City, town, or county) Mo (State or foreign country)
10. Usual occupation Rail Road Employee
11. Industry or business
FATHER
12. Name Joseph Murphy
13. Birthplace Vienna (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Mary Huffman
15. Birthplace Vienna (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Jos. Murphy Jr.
(b) Address Vienna Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Vienna Mo.
18. (a) Signature of funeral director Birmingham Funeral Home
(b) Address Vienna Mo.
19. (a) APR 23 1946 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th year 1946 hour 8:50 minute 8:50 AM
21. I hereby certify that I attended the deceased from 4/15/46, 19__, to 4/18/46, 19__; that I last saw him alive on 4/18/46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Arteriosclerotic heart
Due to disease
Due to
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?
While at work? At what kind of industry or business?
23. Signature R. L. Hubbard (M.D.) Date signed 6/18/46
Address

(Licensed Embalmer's Statement on Reverse Side)

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

13947

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.....Ronald Yahnke

Licensed Embalmer No.....3917

P. O. Address.....St. Louis 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.