

FILED JUN 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. _____

1003

Registrar's No. **4724**

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 5567a Hebert St
(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

3. (a) PRINT

FULL NAME Mary A. Murphy

3. (b) If veteran,

name war _____

3. (c) Social Security

No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased August 15th 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 9 10 hr. min.

9. Birthplace Tennessee Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at Home

12. Name Peter Connelly

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

14. Maiden name Amanda Keating

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

16. (a) Informant Wm L. Murphy Son

(b) Address 5567a Hebert St

17. (a) Burial (b) Date thereof May 28th 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Funeral Home

(b) Address 3029 Lafayette Ave

19. (a) MAY 27 1946 (b) J. J. Bredek
(Date received and registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5567a Hebert St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th
year 1946 hour 1:45 minute A M.

21. I hereby certify that I attended the deceased from March 21 1946 to May 25 1946
that I last saw him alive on May 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
General Arterio-Sclerosis
Due to _____

Due to _____
Other conditions Bronchial Asthma
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) 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 C

23. Signature St. Louis Schuchat (M. D. _____)
Address 2200 Chautau Ave Date signed 5-26-46

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.....

Frank J. Swane

Licensed Embalmer No. *2245*

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.