6. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25557

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6428

1. PLACE OF DEATH:

(a) County
(b) City or town ST LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 DAYS (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. NEAR PEVELY MO / NR
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DANIEL W. MURPHY
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex M. D
5. Color or race W.
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife VICTORIA MURPHY
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased JAN (Month) 2 (Day) 1869 (Year)

8. AGE: Years 77 Months 6 Days 19 If less than one day hr. min.

9. Birthplace PRIMROSE (City, town, or county) MO (State or foreign country)
10. Usual occupation RETIRED FARMER
11. Industry or business
12. FATHER Name JAMES MURPHY
13. FATHER Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. MOTHER Maiden name LOUISE THURMAN
15. MOTHER Birthplace UNKNOWN (City, town, or county) (State or foreign country)
16. (a) Informant MRS WUERTGEN
(b) Address PEVELY MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 23, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation PEVELY LUTHERAN CEM.
18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK MO
19. (a) JUL 22 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 21 year 1946 hour 5 minute 20 A. M.
21. I hereby certify that I attended the deceased from July 9, 1946 to July 21, 1946 that I last saw him alive on July 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Hepatic Carcinoma
Due to
Other conditions (Include pregnancy within 3 months of death) Carcinoma Toes
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 Lewis Hutton (M. D. or other)
Address 3606 Lucas Av. Date signed 7-21-46

(Licensed Embalmer's Statement on Reverse Side)

FEB 1 1950

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 Arthur W. Neilington

Licensed Embalmer No. 3872

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.