

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11318
State File No. _____
Registrar's No. 2864

Registration District No. 318 Primary Registration District No. 1003

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:
St. Louis City Hosp. No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether _____)
In this community _____
years, months or days

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. 3655 Washington Bl
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY MURPHY
(b) If veteran, name war _____ (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 15th
year 1947 hour 9 minute 45 P.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.

4. Sex Male 5. Color or race Wh 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: November 25, 1866
(Month) (Day) (Year)

Immediate cause of death Tuber Pneumonia Duration 7 wks
Due to _____
Due to 108
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
80 3 20 hr. _____ min.

9. Birthplace: Louisiana Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name: James Murphy 4
13. Birthplace: Ireland
(City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Johnson
15. Birthplace: Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Jenny Newbill
(b) Address: 115 E. Conway St., Benton

17. (a) Burial (b) Date thereof: 3/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Louisiana, Mo.

18. (a) Signature of funeral director: Kraeger-Voss, Inc.
(b) Address: 3402 No. Kingshighway

19. (a) MAR 18 1947
(Date received local registrar) (Registrar's signature) _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Place 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) Means of injury _____
3. Signature: J. F. Brubaker (M. D. or other) _____
Address: 103 N. 1st Date signed: 3/16/47

(Licensed Embalmer's Statement on Reverse Side)

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

2864

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 John L. Hennehy
Licensed Embalmer No. 4194
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.