

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29350
8196
Registrar's No.

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Homer G. Phillips
(d) Length of stay: In hospital or institution 5 hrs. 37 mins.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 317 S. Ewing
(e) Citizen of foreign country?
If yes, name country

3. (a) PRINT FULL NAME: Murphy Twin #1
(b) If veteran, name war (c) Social Security No.
4. Sex Male 2 Color or race Negro 5. (a) Single, widowed, married, divorced (b) Name of husband or wife (c) Age of husband or wife if alive years
7. Birth date of deceased 8 19 47 (Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 19 year 1947 hour 7 minute 40 A. M.
21. I hereby certify that I attended the deceased from 2:13 A.M. 8-19, 1947 to 7:40 A.M. 19.47 that I last saw him alive on 8-19, 19.47 and that death occurred on the date and hour stated above.
Immediate cause of death Prematurity
Duration

8. AGE: Years Months Days If less than one day 5 hr. 37 min.

Due to Due to Other conditions (Include pregnancy within 3 months of death)
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MOTHER FATHER

9. Birthplace St. Louis Missouri (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
12. Name Lee Murphy
13. Birthplace Columbus Mississippi (City, town, or county) (State or foreign country)
14. Maiden name Willie Mary Tate
15. Birthplace Macon Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant Esther M. Sherard (b) Address 2601 N. Whittier Anatomical Board
17. (a) (Burial, cremation, or removal) (b) Date thereof 8-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director (b) Address (c) Date received (d) Registrar's signature J. F. Bredick

Major findings: Of operations Of autopsy
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? (Specify type of place) (e) Means of injury
23. Signature W. D. Seinkler (M. D. or other) 8-20-47 Address 2601 N. Whittier Date signed

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

Licensed Embalmer No.....

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.