V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 7 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36106

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10011

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 96
(c) City or town ~~St. Louis~~ Overland City 13
(If outside city or town limits, write "RURAL")
(d) Street No. 8839 Forest Avenue
(If rural, give location)
NR.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Male Infant Murphy
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male O
5. Color or race W
6. (a) Single, widowed, married, divorced Newborn O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 8 (Day) 1947 (Year)

8. AGE: Years | Months | Days 1 | If less than one day 21 hr. 55 min.

9. Birthplace St. Louis, Missouri O
(City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name John Homer Murphy
13. Birthplace St. Louis, Missouri O
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eileen McGuire
15. Birthplace Farmington, Missouri O
(City, town, or county) (State or foreign country)
16. (a) Informant St. Louis Maternity Hospital
(b) Address 630 S. Kingshighway,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof OCT 30 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutger St
19. (a) OCT 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 10th
year 1947 hour 1:30 minute A M.
21. I hereby certify that I attended the deceased from Oct 8, 1947, 19 to Oct 10, 1947, 19
that I last saw him alive on Oct 10, 1947, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	24 hr.
Atelectasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 O
23. Signature Frederick A. Jurko (M. D. or other) M.D.
Address 4952 Montgomery Date signed 10/11/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.