No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6812

FILED FEB 20 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 12083

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: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 34 days (Specify whether years, months or days)

In this community 25 yrs.

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. 3200 Franklin (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mattie Murphy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female — 5. Color or race Colored — 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 (Month) 12th. (Day) 1917 (Year)

8. AGE: Years	Months	Days	If less than one day
30	2	21	hr. min.

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

10. Usual occupation Domestic

11. Industry or business

MOTHER: 12. Name Ethel Grinder

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

FATHER: 14. Maiden name Lola Smothers

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

16. (a) Informant Virginia Henry (Aunt)

(b) Address 3200a Franklin Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-48 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Peoples Und. Co.

(b) Address 3100 Franklin Avenue

19. (a) FEB 6 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1948 hour 11 minute 5 p. M.

21. I hereby certify that I attended the deceased from Dec. 30, 1947, to Feb. 3, 1948, that I last saw her alive on Feb. 3, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension - Malignant	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Pulmonary Edema	Undet.

Major findings:
Of operations
Of autopsy Yes

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

23. Signature Oscar L. Daniels (M. D. or other)

Address 2601 N Whittier Date signed 2/4/48

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.