

No. 2
-1/47
-5-17-39

State File No. **14897**
Registrar's No. **1178**

FILED MAY 15 1948

Primary Registration District No. **3069**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **1457 Collins Ave.**
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL")

(d) Street No. **1457 Collins Ave.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Leo E. Murphy**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**

6. (b) Name of husband or wife **Zora E. Murphy** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **12 31 91**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 4 9 hr. min.

9. Birthplace **St. Louis Mo. 11**
(City, town, or county) (State or foreign country)

10. Usual occupation **Plumber**

11. Industry or business.....

12. Name **Michael J. Murphy**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Maher**

15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Zora E. Murphy**
(b) Address **1457 Collins Ave.**

17. (a) **Burial** (b) Date thereof **5-12-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindeell Blvd.**

19. (a) **5-10-48** (b) **Leo E. Murphy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10th.**, year **1948** hour **3** minute **a.** M.

21. I hereby certify that I attended the deceased from **7/29** 1946, to **May 10th** 1948, that I last saw him alive on **May 10th** 1948, and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **Carcinoma of Bladder**

Due to **52^{hr}**

Other conditions..... (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **Supillary Carcinoma Bladder**
Of operations **fulgurated**

Of autopsy.....

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 **Edward Becker** (M. D. or other) Date signed **5/10/48**
Address **205 Frisco Bldg.**

NOV 21 1948

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..... *W.H. Van Matre*

Licensed Embalmer No. *2825*

P. O. Address. *4340 Lafayette*

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.