-1/47
-17-39

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

National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 310

STANDARD CERTIFICATE OF DEATH

State File No. 17865

Primary Registration District No. 1001's

Registrar's No. 5168

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: 1119 Childress (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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 1119 Childress Ave. (If rural, give location) 9

(e) Citizen of foreign country? 4 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME HUGH F. MURNAGHAN

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Late Cathryn

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 (Month) - 18 (Day) - 1865 (Year)

8. AGE: Years 82 Months 5 Days 16 If less than one day hr. min.

9. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation Mechanic (Retired 25 Yrs.)

11. Industry or business Allens Portland

MOTHER FATHER

12. Name Unknown

13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

14. Maiden name Mary Shaw

15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Virginia Manahan

(b) Address 1119 Childress Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-48 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 4228 So. Kingshighway Bl.

19. (a) JUN 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4 year 1948 hour 10:00 minute A.M.

21. I hereby certify that I attended the deceased from February 1 1944 to June 4 1948 that I last saw him alive on May 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Chronic	
Due to	
Due to	
Other conditions Age and arteriosclerosis (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

23. Signature (M.D. or other) M.D.

Address 812 Olive St. Date signed 6/4/48

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 Richard W. Stoversand

Licensed Embalmer No. 4007

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.