

FILED JUN 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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.....
Enroute to City Hosp
 (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)3. (a) PRINT FULL NAME **JOHN H. MURPHY**3. (b) If veteran, name war **None** 3. (c) Social Security No.4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**6. (b) Name of husband or wife **Jessie** 6. (c) Age of husband or wife if alive **68** years7. Birth date of deceased **July 29 1872**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
75 9 27 min9. Birthplace **Hannibal Mo.**
(City, town, or county) (State or foreign country)10. Usual occupation **Railroad Switchman**11. Industry or business **Retired**12. Name **Harry Murphy**13. Birthplace **Hannibal Mo.**
(City, town, or county) (State or foreign country)14. Maiden name **Unknown**15. Birthplace **Hannibal Mo.**
(City, town, or county) (State or foreign country)16. (a) Informant **Jessie Murphy**
(b) Address **4765 Rosa Ave.**17. (a) **Burial** (b) Date thereof **5-29-48**
(Burial, cremation, or removal) (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) **MAY 27 1948** (b) **J. J. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... **Mo.** (b) County.....
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4765 Rosa Ave.**
2 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26**
year **1948** hour **6:00** minute **P.** M.21. I hereby certify that I attended the deceased from **2-17**
....., 19**47** to **5-1-48**, 19**48**that I last saw ~~him~~ alive on **4/1/48**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Coronary embolism 1 hr.
Arteriosclerosis 1 yr.

Due to.....

Other conditions..... **Ch. myocarditis** **2 yr.**
(Include pregnancy within 3 months of death)

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?..... (Specify type of place)
 While at work?..... (e) Means of injury.....

23. Signature..... **W. M. McGUIRE** (M.-D. or other)
Address..... **2322 N. Kingshighway** Date signed **5/27/48**

2372 No. Kensington

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. Stovesand

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.