

No. 300
-10-47
5-17-39
-1 3906

FILED SEP 13 1948
Registration District No. 918

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
16 N. Boyle
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Ellen Murphy Luke
years, months or days

3. (a) PRINT FULL NAME ELLEN LUKE

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race W.

6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Charles Murphy

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

7. Birth date of deceased April 1 1860
(Month) (Day) (Year)

8. AGE: Years 88 Months 4 Days 30 If less than one day hr. _____ min. _____

9. Birthplace New Madrid Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Henry Murphy

13. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace U.S.A.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs John Baird

(b) Address 16 N. Boyle

17. (a) Burial (b) Date thereof 9/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director J. Maye

(b) Address 4356 Lindell

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000

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

(d) Street No. 19 16 N. Boyle
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd year 1948 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Aug 3rd, 1948, to Sept 3, 1948; that I last saw her alive on Sept 1st, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death 5:20 AM Sept 3
Carcinoma of gall bladder
- Liver Primary

Duration 1 year.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) Hb J

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to 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? _____

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

23. Signature John J. Hensley (M. D. or other)

Address 6703 Chippewa St Louis Date signed 9/3/48

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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St. Louis, Mo.

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.