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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31297

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8251

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 52 years years, months or days)

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. 1559a So. 39th Street (If rural, give location)
(e) Citizen of foreign country? 17 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph C. Murphy
3. (b) If veteran, name war W W I
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 Georgia
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May 12 1896 (Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 6 If less than one day hr. min.

9. Birthplace St. Louis, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Chief guard
11. Industry or business Airmedical Chart Co.
FATHER
12. Name Patrick Murphy
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nora O'Connor
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. G. Murphy
(b) Address 1559a So. 39th Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Jos. A. Howard
(b) Address 1619 So. Grand
19. (a) SEP 21 1948 (Date received local registrar) (b) J. F. Bredock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1948 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from Dec. 1945 to Sept 1948, that I last saw him alive on Sept 18 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure - Organic	4 years
Due to Emphysema	
Due to Poison Gas From World War II	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy As above.

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

23. Signature M. Norman Oyel (M. D. or other) M.D
Address 508 North Grand Date signed 9/20/48

(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. Jos A. Howard

Licensed Embalmer No. 4139

P. O. Address. ST Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.