No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34942

FILED NOV 9 1948

Registration District No. 31948

Primary Registration District No. 3066

Registrar's No. 2479

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 211 S. Van Buren 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 211 S. VanBuren 3
(If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary E. MacLeod
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Neil J.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 29, 1875 (Month) (Day) (Year)

8. AGE: Years 73 | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace Canton, Mass. 1 (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Edward C. Murphy
13. Birthplace Mass. 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. E.N. MacLeod 1
(b) Address 211 S. VanBuren
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 10/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Canton, Mass.
18. (a) Signature of funeral director Meyer-Pfitzinger
(b) Address Kirkwood, Mo.
19. (a) 10-26-48 (Date received local registrar) (b) Paula J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24
year 1948 hour 10 minute 55 P.M.
21. I hereby certify that I attended the deceased from Aug 19, 1948, to Oct 24, 1948; that I last saw her alive on Oct 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 938

Due to

Other conditions Parkinson Syndrome
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 0
23. Signature Royal C. McLean MD (M. D. or other)
Address Kirkwood Mo Date signed 10/25/48

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 John M. Freyer

Licensed Embalmer' No. 3788

P. O. Address Kirkwood 22 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.