S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37914

Registrar's No. 10130

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: Christian Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 Hours (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1905a De Soto Ave 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John J. Brophy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ella

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July (Month) 9 (Day) 1882 (Year)

8. AGE: Years 66 Months 4 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Railroad Man

11. Industry or business

FATHER
12. Name Michael Brophy
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Ellen Touhill
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs. Ella Brophy
(b) Address 1905a De Soto Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.
(b) Address 2161 E. Fair Ave

19. (a) NOV 23 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1948 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from 29 November 1948 to 21 November 1948 that I last saw him alive on 21 November 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Heart Disease	
Due to Coronary Thrombosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cirrhosis Uremia	

Major findings:
Of operations
Of autopsy as above.

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 Nathaniel Goodman (M. D. or other)
Address 4007 W. Florissant Date signed 22 Nov. 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 Glen W. Hah

Licensed Embalmer No. 3737

P. O. Address 2161 E. Fair Av

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.