

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17543
4756

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4017 Maffitt Ave.		d. STREET ADDRESS (If rural, give location) 4017 Maffitt Ave.	

3. NAME OF DECEASED (Type or Print) Elisabeth J. Murphy			4. DATE OF DEATH (Month) (Day) (Year) 5/30/49		
a. (First) ELIZA		c. (Last) MURPHY		b. (Middle) JANE	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 3/4/1867	9. AGE (In years) (Month) (Day) (Min.) 82 2 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?				

13a. FATHER'S NAME Michael J. Halley		13b. MOTHER'S MAIDEN NAME Margaret Ryan		14. NAME OF HUSBAND OR WIFE Michael J. Murphy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Joseph Murphy ADDRESS 4017 Maffitt Ave	

18. CAUSE OF DEATH State one cause per line (a), (b), and (c) <i>Not by heart</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerosis		
	DUE TO (c) Chronic myocarditis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5 years	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 91
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4:50

22. I hereby certify that I attended the deceased from **May 12, 1939** to **May 30, 1949**, that I last saw the deceased alive on **May 29, 1949**, and that death occurred at **4 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. J. Gallagher M.D. (Degree or title)	23b. ADDRESS 3903 Olive	23c. DATE SIGNED 5/31/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/2/49	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 31 1949	REGISTERER'S SIGNATURE J. B. Pasata	25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Funeral Dir. ADDRESS 2849 N. Euclid
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. J. F. Gallagher

Dr. J. Gallagher
3903 Olive St. Ne 1608

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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

Gustav W. Dietrich

Signed.....

Student Embalmer

Licensed Embalmer No.

4329

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

17543.47

State of..... }
County of..... } ss.

State File No.....
Local Registrar's No. 4766.....

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 31st day of January, 1950, before me appears.....
Jos. Murphy, who, upon his oath, states that the original record of ^{birth} death
for Eliza Jane Murphy died 5-30-49, 19....., in the State of
~~born~~ Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 2 should read Eliza Jane Murphy
Instead of..... Elizabeth J. Murphy

Item No..... should read.....
Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

x Affiant Jos. Murphy Informant Relationship.
4017 Maffitt ave.
Present Address.

Subscribed and sworn to before me this 31 day of Jan, 1950

My Commission expires 3-4-53 Ben E. Paddock Notary Public.

