WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

32271

**1. PLACE OF DEATH**

County ..... Registration District No. 79E

Township ..... Primary Registration District No. 1003

City St. Louis Mo. — St. Louis Children's Hosp. 500 So. Kingshighway St. Sec. Ward)

File No. 9584

Registered No. ....

**2. FULL NAME** Dorothy Murphy

(a) Residence. No. 920 Lawn Vista ave St., Sec Ward 8

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) |
|---|---|---|
| Female | White | Single |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20, 1923

| 7. AGE | Years | Months | Days | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 5 | 4 | 7 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Alfred Murphy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Webster Groves Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Tillie Lais

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) St. Louis Mo.

14. INFORMANT J. McCulick

(Address) 500 So. Kingshighway

15. FILED SEP 23 1928, 19.. Max C. Starkloff

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1928

17. I HEREBY CERTIFY, That I attended deceased from 9/25/28, 19.., to 9/28/28, 19.., that I last saw h. alive on 9/27/28, 19.., and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

54D

Tumor of brain (non malignant)

about (duration) 0 yrs. 4 mos. 0 ds.

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home

IF NOT AT PLACE OF DEATH?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? Examination

(Signed) A. C. Edwards, M. D.

9-27, 1928 (Address) 500 S. Kingshighway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

| 19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BURIAL |
|---|---|
| Calvary Cemetery | 9-29-1928 |

20. UNDERTAKER Kiegelmann & Kaufmann

ADDRESS 4104 Manchester Av.