

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

Do not use this space.

**34136**

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 791  
 Townshp. 3531 Oregon Primary Registration District No. 1003  
 City St. Louis Mo (No. 3531 Oregon)

File No. \_\_\_\_\_  
 Registered No. 9472  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

LUCILE A. MURPHY

(a) Residence. No. 3531 OREGON St. 24 Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 21 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 4 11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work PRIVATE SECRETARY  
 (b) General nature of industry, business, or establishment in which employed (or employer) ELECTROL CORP.  
1756 OIL BURNERS.  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ST. LOUIS MO  
 (STATE OR COUNTRY)

10. NAME OF FATHER WILLIAM MURPHY

11. BIRTHPLACE OF FATHER (CITY OR TOWN) NEW YORK NY  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER ANNE WILLIAMS

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) IRELAND  
 (STATE OR COUNTRY)

14. INFORMANT R. Duckhaus  
 (Address) 3833 1/2 Fillmore St

15. FILED 19 Mar 1938  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2<sup>nd</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from July 12 to Oct 26, 1930 that I last saw him alive on Oct 2<sup>nd</sup> 1930 and that death occurred, on the date stated above, at 11:55 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Septic (Ch)  
Septicemia (Ch)  
 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 2nd  
 (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH St Louis Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physiol Chem - lab  
 (Signed) Robert J. Wain M. D.

Oct-3 1930 (Address) 525 James Bed St

\*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 Calvary C. DATE OF BURIAL Oct. 4 1930

20. UNDERTAKER J. H. Gibben & U. G. ADDRESS 2628 Grand

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.

