

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

FEB 8 1937 791
Registration District No.....
Primary Registration District No. **1008**
(No. 1009 Morrison)

File No. 4130
Registered No. 1173
St. Ward)

2. FULL NAME Delia Murphy

(a) Residence, No. 1009 Morrison Ave. St. 22 Ward. 1
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 76 Unknown Unknown

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

13. NAME William English

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mamie Bartsch
(ADDRESS) 1009 Morrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Galvary Cemetery DATE 1/27/37

19. UNDERTAKER M. C. Maydell
(ADDRESS) 1926 Allen Ave.

20. FILED JAN 26 1937 J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 25, 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan 17 1937 to Jan 24 1937

I last saw him alive on Jan 23, 1937 Death is said to have occurred on the date stated above, at 1:10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Atherosclerosis
Hypertension

Other contributory causes of importance:
None

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Louis Bauer, M. D.
(Address) 1037 Morrison

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.

