

APR 9 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St. Louis**(No. **Missouri Baptist Sanitarium** St. Ward)File No. **10119**Registered No. **2683**2. FULL NAME **Catherine G. Murphy**(a) Residence, No. **3023 A. St. Vincent Ave.**, **17** Ward.

(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

## MEDICAL CERTIFICATE OF DEATH

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 OF6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 19 1856**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

80

5

15

OCCUPATION

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

Seamstress

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

Illinois

13. NAME

Daniel Murphy

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

Ireland

15. MAIDEN NAME

Margaret Vagan

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

Ireland

17. INFORMANT

John J. Murphy

(ADDRESS)

3023 A. St. Vincent Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Alton Illinois** DATE **March 10 1937**

19. UNDERTAKER

Peetz Brothers

(ADDRESS)

3029 Lafayette Ave

20. FILED

**MAR 8 1937****J. F. Bredeck**  
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar 5 1937**

22. I HEREBY CERTIFY, That I attended deceased from

**Feb 28 1937**, to **Mar 5 1937**I last saw her alive on **Mar 5 1937**. Death is saidto have occurred on the date stated above, at **11:43 a.m.**

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

**Lobar pneumonia** Date of onset **2/26/37**

Other contributory causes of importance:

**Myocarditis, chronic**  
**Senility**  
**Arteriosclerosis**Name of operation **none** Date of.....What test confirmed diagnosis?..... 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) **C. H. Galbraith**, M. D.(Address) **Metropolitan Bldg**  
**St. Louis, Mo.**

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

201

2

