

JAN 10 1938

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

43790
Do not use this space.

131
1003

Registered No. 12040

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. Homer G. Phillips Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Murphy

(a) Residence, No. 2621 Baldwin St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-19-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. -

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. -
9. Industry or business in which work was done, as saw mill, bank, etc. -
10. Date deceased last worked at this occupation (month and year) - 11. Total time (years) spent in this occupation 1

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

FATHER 13. NAME Clarence Murphy

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

MOTHER 15. MAIDEN NAME Louise Jones

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

17. INFORMANT (ADDRESS) Arthur M. Sherard
2601 N. Whittier

18. BURIAL, CREMATION, OR REMOVAL CITY CEMETERY

19. FUNERAL DIRECTOR (ADDRESS) Ray Hamilton
City Health Dept

20. FILED DEC 24 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19- 19 37

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at 1:20xx a. m.

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

Stillborn

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? clinical 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? 1

If so, specify

(Signed) J. B. Harris, M. D.

(Address) 2601 N. Whittier

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.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....
L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)