

REC'D JUN 9 1938

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

16626
Do not use this space.

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis Mo. (d) Street No. 4337 Laclede Ave. St. 791
(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.

Registered No. 4487

2. PRINT FULL NAME Catherine Murphy

(a) Residence, No. 4337 Laclede Ave. St. 19 (If nonresident, give city or town and State)

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 the late Edward F. Murphy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12-1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 9 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
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 Mo. U

13. NAME John Donnelly

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

15. MAIDEN NAME Anna McKanna

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

17. INFORMANT (ADDRESS) Robert F. Murphy
4337 Laclede Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE May 17-38, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hering Laidman U. Co.
1417 N. Market St.

20. FILED MAY 16 1938 J. F. Bredek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14-38, 19

22. I HEREBY CERTIFY, That I attended deceased from April 9th, 1938 to May 14th, 1938
I last saw her alive on May 14th, 1938. Death is said to have occurred on the date stated above, at 4:10 P. m.
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis
Chronic Myocarditis
Other contributory causes of importance: Arterio-Sclerosis

Date of onset
4/1/38
April
1937
1936

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 J. Gallagher, M. D.
(Signed) J. Gallagher
(Address) W. Wall Flag 3903 Olive

Every year 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

John P. Bushholz

Licensed Embalmer No. *1677*.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.