

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

OCT 12 1938

791
1008

30422

Do not use this space.

Registered No. 7859

1. PLACE OF DEATH

- (a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. St. John's 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

- Katherine Murphy 610
 (a) Residence, No. 3721 N. Iowa St. 24
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William J.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 23, 1870</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>4</u>
	DAYS <u>10</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
FATHER	13. NAME <u>Michael Hogan</u>	<u>5</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	<u>9</u>
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Clas W Allen</u> <u>3308 California</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>9-7-38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Quar J Hoffmeister</u> <u>1015 Chippewa St</u>		
20. FILED <u>SEP - 6 1938</u> <u>J. P. ...</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3rd 1938

22. I HEREBY CERTIFY, That I attended deceased from 8/1, 1938, to 9/3, 1938.
 I last saw her alive on 9/3, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Hypertension
Diabetes Mellitus

Other contributory causes of importance:
Diabetes Mellitus

Name of operation..... Date of.....
 What test confirmed diagnosis? all tests 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) J. J. Fennelly, M. D.
 (Address) 3711 N. Iowa St. Louis

Date of onset about 1933
about 1931
1935

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

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

working under my personal supervision.

Signed

Edwin H. Libinger

Licensed Embalmer No.

4047

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.)