

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

30633
Do not use this space.

REC'D OCT 12 1938

791
1008

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **8070**
 (c) City Saint Louis (d) Street No. 1817 Thurman 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 Murphey Teresa A.

(a) Residence, No. 1817 Thurman St. 17
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 21

OCCUPATION 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. 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) Syracuse
 (STATE OR COUNTRY) New York

FATHER 13. NAME Dont Know

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

MOTHER 15. MAIDEN NAME Dont Know

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

17. INFORMANT Samuel Murphey
 (ADDRESS) 1817 Thurman

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Sept. 14 1938

19. FUNERAL DIRECTOR Thomas J. Finnan
 (ADDRESS) 1519 South Grand Boulevard

20. FILED SEP 12 1938 J. P. Dulek
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1938 to Sept 10 1938
 I last saw her alive on Sept 10 1938. Death is said to have occurred on the date stated above, at 6.2 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset Sept 11 1938
J. J. A.
 Other contributory causes of importance:

Name of operation None Date of.....
 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) Bert. W. Klein, M. D.
 (Address) 2637 S. Kingshighway

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, John Ketter, Licensed Embalmer No. 3880

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed John Ketter

Licensed Embalmer No. 3880

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.)