

Registration District No. 707

Primary Registration District No. \_\_\_\_\_

Registrar's No.

1. PLACE OF DEATH: 1003  
 (a) County \_\_\_\_\_ 2  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL," and name of township)  
 (c) Name of hospital or institution:  
3243a Michigan  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community 3243a Michigan  
 years, months or days

3. (a) PRINT FULL NAME Esther Murphy 610  
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Bernard M. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 10, 1854  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>9</u>	<u>2</u>	_____ hr. _____ min.

9. Birthplace Dublin Ireland  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name James Mooney

13. Birthplace \_\_\_\_\_ Ireland  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace \_\_\_\_\_ IRELAND  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bernard J. Murphy

(b) Address 5348 Queens Avenue

17. (a) Burial (b) Date thereof Dec. 15, 1939  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director James F. Stuart  
 (b) Address 1225 Union Blvd.

19. (a) DEC 14 1939 (b) \_\_\_\_\_  
 (Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 16  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3243a Michigan  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12  
 year 1939 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 8th, 1939  
to Dec. 12, 1939, to \_\_\_\_\_, 1939  
 that I last saw her, alive on Dec. 11, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure  
Hypostatic pneumonia  
Unspecified  
 Due to Mitral Insufficiency

Due to \_\_\_\_\_  
General Arterio-sclerosis  
 Other conditions Senility  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. P. Murphy (M. D. or other) \_\_\_\_\_  
 Address 2416 N. Kingshighway Date signed 12/13/39

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 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..... *Albert G. Hoffe* .....

Licensed Embalmer No. *2971* .....

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.**