

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 89

1. PLACE OF DEATH: 1003
 (a) County _____ 2
 (b) City or town St. Louis, Mo.
 (c) Name of hospital or institution: 6177 Pershing Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 0 Years.
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Mo. (b) County _____
 (c) City or town St. Louis.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6177 Pershing Ave.
 (If rural, give location) 5
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Anna Murphy.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Anselm B. Murphy.
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased April 26, 1869
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 2nd.
 year 1940 hour 11. minute 30 P.M.
 21. I hereby certify that I attended the deceased from Jan 2 3
1940 to Jan 2nd, 1940
 that I last saw h. ey alive on Jan 2nd
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
70 8 6 hr. _____ min.

Immediate cause of death Coronary Thrombosis Duration 1 hr.
 Due to _____
 Due to _____

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

Other conditions Hypertension 10 yr
 (Include pregnancy within 6 months of death)

10. Usual occupation At Home.

11. Industry or business _____

Major findings: Of operations _____

12. Name Owen Casey.

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

14. Maiden name Mary McDonald.
 (City, town, or county) (State or foreign country)

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

Of autopsy _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Anselm B. Murphy

22. If death was due to external causes, fill in the following:

(b) Address 6177 Pershing Ave.

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof Jan. 8, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Calvary Cemetery

(c) Where did injury occur? _____
 (City or town) (County) (State)

18. (a) Signature of funeral director Arthur J. Donnelly

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 7840 Lyndell Blvd

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

19. (a) JAN 5 1940 (b) _____
 (Date received local registrar) (Signature of registrar)

23. Signature R. F. Glaz (M. D. or other) _____
 Address 3720 Washington Blvd. Date signed 1/7/40

USE WRITING BLACK INK—MAKE A PERMANENT RECORD

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.

*the Illinois
Prominent Body
1-17*

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..... *Alfred J. Boedeker*
Licensed Embalmer No. *2663*
P. O. Address..... *4204 Prairie*

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.