

Registration District No. 791

Primary Registration District No. 1003

State File No. _____

Registrar's No. 4218

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Kingsway & Hopewell Car Tracks
(If such hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
(Specify whether
 In this community 45 Years.
years, months or days)

3. (a) PRINT FULL NAME James Brophy. 610

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Bridget Brophy. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Unknown. 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>Unknown.</u>	<u>hr.</u>	<u>min.</u>

9. Birthplace Ireland. 5
(City, town, or county) (State or foreign country)

10. Usual occupation Retired-Sheet Iron Worker.

11. Industry or business 5.

12. Name James Brophy. 5

13. Birthplace Ireland. 5
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know.
Ireland.

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

16. (a) Informant James L. Brophy

(b) Address 4933 Devonshire Ave

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

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 3840 Linden Blvd

19. (a) MAY 11 1940 (b) _____
(Date received local health officer)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
 (c) City or town St. Louis. 12
(If outside city or town limits, write "RURAL")
 (d) Street No. 4945 Fountain Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th.
 year 1940 hour 6:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
with arteriosclerosis
 Due to myocardial infarction
 Due to _____

Other conditions Malignant Nephrosclerosis
(Listed pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____

Of autopsy 131

Duration _____
 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)
 (b) Means of injury 5

23. Signature Joseph M. Quinn (N. D. or other) _____
 Address _____ Date signed _____

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.