

FILED JUN 15 1940

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County 1
(b) City or town St. Louis
(c) Name of hospital or institution: St. Louis Children's Hosp.
(d) Length of stay: In hospital or institution 2 da
In this community 6 1/2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 26
(d) Street No. 3318 Blair
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Murphy, Baby Boy
(b) If veteran, name war Infant (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Infant
(b) Name of husband or wife Infant (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 5-14-40
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Harry
13. Birthplace Illinois
14. Maiden name Grace A. Waters
15. Birthplace Illinois

16. (a) Informant Wedder
(b) Address 416 S. Kings Highway

17. (a) Burial (b) Date thereof 5/18/40
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director H. J. Quisenberry U. Co.
(b) Address 2223 St. Louis Ave

19. (a) MAY 17 1940 (b) _____
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 16 year 40 hour 4 minute 05 A.
21. I hereby certify that I attended the deceased from 5-14 to 5-16 1940
that I last saw him alive on 5-16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple Congenital anomalies
Due to _____
Due to _____
Other conditions _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____
Means of injury? _____
23. Signature R. J. Blatter (M. D. or other) _____
Address 500 So. Kings Highway Date signed _____

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

MOTHER FATHER

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

John P. Murphy

Licensed Embalmer No. *1674*

P. O. Address *3223 St. Louis*

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.