

Registration District No. **77** Primary Registration District No. **1003**

1. PLACE OF DEATH: **11**
(a) County **St. Louis.**
(b) City or town **St. Louis.**
(c) Name of hospital or institution:
2213a St. Louis Ave.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

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

4. Sex **Male.** 5. Color or race **White.** 6. (a) Single, widowed, married, divorced **Married.**
6. (b) Name of husband or wife **Elizabeth Murphy.** 6. (c) Age of husband or wife if alive **60.** years
7. Birth date of deceased **July 9 1889.**
(Month) (Day) (Year)

8. AGE: Years **50** Months **11** Days **10.** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Shoe Worker.**

11. Industry or business **Unemployed 4 years**

12. Name **David Murphy.**

13. Birthplace **Ohio.**

14. Maiden name **Catherine McCormack.**

15. Birthplace **Ireland.**

16. (a) Informant **Elizabeth Murphy.**

(b) Address **2213a St. Louis Ave.**

17. (a) **Burial** (b) Date thereof **6-22-40.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary cem.**

18. (a) Signature of funeral director **H. Leidner and Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **JUN 21 1940** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County _____
(c) City or town **St. Louis.**
(d) Street No. **2213a St. Louis Ave.**
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19** year **1940** hour **12** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **June 17** 19**40** to **June 19** 19**40**

that I last saw him alive on **June 19** 19**40** and that death occurred on the date and hour stated above.

Immediate cause of death **Phonics Myocarditis (acute) Vasculostation**

Due to _____
Due to _____

Other conditions **Chronic Bronchitis (non-tubercular)**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 **1-**

23. Signature **J. F. Budeck** (M. D. or other)

Address **4901^{1/2} Eastern** Date signed **6/21/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Handwritten notes:
1901 Carlton
2808 Miami
No 3921
319 0086

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. Bushby
Licensed Embalmer No. 1674
P. O. Address 2223 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.