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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33910

Registrar's District No. 791 — Primary Registration District No. 1003 — Registrar's No. 8607

REC'D NOV 16 1940

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2303a Warren St 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community 59 yrs. 1 mo. 24 das.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2303a Warren St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Murphy

3. (b) If veteran, name war no

3. (c) Social Security No. 493-01-6533

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 54 years

7. Birth date of deceased Aug. 1, 1881 (Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days ~~24~~ 15 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Plumber 0

11. Industry or business 0

MOTHER FATHER

12. Name Michael J. Murphy

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

14. Maiden name Elizabeth Maher

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

16. (a) Informant Elizabeth Murphy

(b) Address 2303a Warren St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis Ave

19. (a) OCT 18 1940 (Date received local registrar) (b) J. F. Bidwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 16th year 1940 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1940 to Oct. 16, 1940 that I last saw h. alive on Oct. 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis fatty degeneration of heart

Due to Degenerative atherosclerosis

Due to Coronary thrombosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. B. Fuller (M. D. or other)

Address 4901 Easton Date signed 11/18

(Licensed Embalmer's Statement on Reverse Side)

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 Charles J. Goodhart

Licensed Embalmer No. 2777

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.