

State File No.

Registrar's No.

NOV 16 1940  
Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution: Homer Phillips Hosp.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Six hours  
(Specify whether years, months or days)

In this community Four Months

3. (a) PRINT FULL NAME Sylvania Jones Murphy

3. (b) If veteran, name war ----

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Murphy 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased August 7th 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

69	2	15	hr. min.
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9. Birthplace Lebanon Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ----

MOTHER FATHER { 12. Name Roland Jones

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

14. Maiden name Larice---Unavailable

15. Birthplace South Bend Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Jern Jenkins

(b) Address 4418a N. Market St.

17. (a) Burial (b) Date thereof 10/25/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Charles Bates

(b) Address 4107 Finney Ave.

19. (a) OCT 24 1940 (b) J. Budach  
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 11  
(If outside city or town limits, write "RURAL")

(d) Street No. 4418a N. Market St.  
(If rural, give location)

(e) If born in Missouri, 1940 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22nd  
year 1940 hour 1:15 minute P.M.

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

Immediate cause of death \_\_\_\_\_

Due to Cerebral Apoplexy

Due to Brain

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury \_\_\_\_\_

23. Signature W. H. Jones (M. D. or other) \_\_\_\_\_

Address 1100 C. Ave. Date signed 10/25/40

**STATEMENT BY LICENSED EMBALMER**

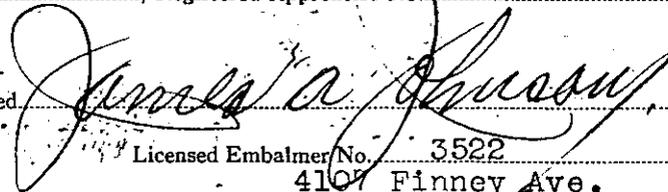
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No. ....

working under my personal supervision.

Signed



Licensed Embalmer No. 3522

4107 Finney Ave.

P. O. Address.....

**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, fact should be so stated above.**