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FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4091
Registrar's No. 8

Registration District No. 757

Primary Registration District No. 5889X

1. PLACE OF DEATH:

(a) County ST. CHARLES
(b) City or town St Charles Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: EMMAUS HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 YRS.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rte #2
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME MRS ZULA MURPHY

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife EDWARD L. MURPHY 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased MARCH 26 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Unknown MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation house keeper

11. Industry or business

MOTHER FATHER { 12. Name: Unknown
13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Shea Storker
(b) Address St Charles mo

17. (a) Burial (b) Date thereof Jan 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Hackmann - Bdur
(b) Address 326 N 6th St Charles mo

19. (a) 1-27-41 (b) Clarence J. Weisler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1941 hour 10 A.M. minute — M.

21. I hereby certify that I attended the deceased from Jan 13, 1941, to Jan 16, 1941, that I last saw her alive on Jan 15, 1941, and that death occurred on the date and hour stated above.
Immediate cause of death:

Acute dilatation of heart 3 days
Due to Chronic myocarditis 2 yr.
Other conditions Gen. Arterio Sclerosis 70yr.
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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? _____

23. Signature A P Erich Schuy (Specify type of place) _____ (e) Month of injury _____
Address St Charles Mo Date signed 1/18/41

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

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..... *Arthur C. Bane*

Licensed Embalmer No. *3147*

P. O. Address *St Charles, Mo.*

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.