

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 7911

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST JOHN'S HOSPITAL U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution TWO WEEKS
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 1500
(c) City or town ST LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5931 WATERMAN AVE.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME PATRICK G. MURPHY
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month MARCH day 17
year 1941 hour 9 A.M. minute _____ M.

4. Sex MALE 5. Color or race W
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 1 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December third, 1940, to March 17, 1941;
that I last saw him alive on March 17, 1941;
and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 10 Days 14 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 2 weeks
Due to Cerebral arteriosclerosis years

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

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation RETIRED GROCER

11. Industry or business _____
12. Name JERMIAN MURPHY
13. Birthplace IRELAND
14. Maiden name BRIDGET MEEHAN
15. Birthplace IRELAND

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature John Murphy
(b) Address 5931 Waterman Ave.

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? _____

17. (a) Burial (b) Date thereof 3-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary 3-20-41

18. (a) Signature of funeral director Much & Dickman
(b) Address 3039 Coates Ave.

19. (a) MAR 19 1941 (b) JTB
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature John J. Hammond (M. D. or other) M.D.
Address 634 Grand Date signed 3/18/41

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 *Neal S Paulson*

Licensed Embalmer No. *4114*

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, above space should be left blank.