No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26865

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6657

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: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yr. 26 dys. (Specify whether
In this community 73 yrs. 7 mos. 27 dys
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17

(a) State Missouri (b) County

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

(d) Street No. 809 No. Grand Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME DENNIS T. MURPHY

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Mlae 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 18, 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	7	27	hr. min.

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

10. Usual occupation Stone Cutter

11. Industry or business Stone Cutter

MOTHER FATHER

12. Name Timothy Murphy

13. Birthplace Unknown Ierland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Haney

15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Peter Trott

(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16. 1941
(Month) (Day) (Year)

(c) Place: burial or cremation CALVARY.

18. (a) Signature of funeral director L. M. Mullen.

(b) Address 5165 DELMAR BLVD

19. (a) AUG 15 1941 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th year 1941 hour 10.45 A. M. minute M.

21. I hereby certify that I attended the deceased from July 1st 1940, 19, to August 14, 1941, that I last saw him alive on August 14, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis 7-9-35-x	
Due to	
Due to	
Other conditions Generalized Arteriosclerosis (Include pregnancy within 3 months of death) 7-9-35-x	
Major findings: Of operations	
Of autopsy Yes	

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 [signature] M.D. (M.D. or other) 10

Address 5400 Arsenal Date signed 8-14-41

(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.....

Licensed Embalmer No. 4053

P. O. Address.....

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

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