

Registration District No. 284

Primary Registration District No. 101

Registrar's No. 1724

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7451 Buckingham Drive./
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME Louis T. Murphy.

3. (b) If veteran, name war..... 3. (c) Social Security No. 391-07-0338

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Teresa Powers Murphy. 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased October 12 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>4</u>hr.min.

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

10. Usual occupation Salesman.

11. Industry or business.....

12. Name John Murphy.

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

14. Maiden name Emma Roemer.

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

16. (a) Informant Mrs. Teresa Murphy.

(b) Address 7451 Buckingham Drive.

17. (a) Burial (b) Date thereof 8-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) AUG 18 1941 (b) E. J. McEwar
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jordan
 (c) City or town Clayton
(If outside city or town limits, write "RURAL")
 (d) Street No. 7451 Buckingham Drive.
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th.
 year 1941 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from Apr. 1941
 to Aug 16 1941
 that I last saw him alive on Aug 15 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to Carcinoma of Colon

Due to 46

Other conditions 46
(Include pregnancy within 3 months of death)

Major findings: Ca of Colon
 Of operations.....
 Of autopsy.....

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)
 (e) Means of injury.....

23. Signature E. J. McEwar (M. D. or other) J. D.
 Address 4952 Maryland Date signed 8-16-41

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

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2
2

SEP 12 1941

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from 2
the*

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.