

No. 2
-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

40220

FILED JAN 24 1942

STANDARD CERTIFICATE OF DEATH

State File No. _____

791

1003

Registrar's No. 9952

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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: 3020a Arkansas St.,
(If not in hospital or institution, write street number or location)

(d) Length of stay in hospital or institution 1 day
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 16 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3020a Arkansas St.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles P. Murphy

3. (b) If veteran, name war None

3. (c) Social Security No. 492-01-6252

20. DATE OF DEATH: Month December day 12
year 1941 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

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

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

7. Birth date of deceased October 26, 1874
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 1 Days 7 If less than one day hr. _____ min. _____

Immediate cause of death Coronary Occlusion
Arteriosclerosis

Duration _____

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

Due to g f a

Other conditions g f b
(Include pregnancy within 3 months of death)

10. Usual occupation Shoe Worker

11. Industry or business International Shoe Co.

Major findings: Of operations g f b

Of autopsy Pending

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

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

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? _____

16. (a) Informant Mr. Redmind J. Kinsella

(b) Address 8513 Rosemary

17. (a) Burial (b) Date thereof 12-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul

(Specify type of place) _____

While at work? _____ Means of injury 0

23. Signature Thomas F. Callanan (M. D. or other) _____
Address Deputy Coroner Date signed 12/17/41

18. (a) Signature of funeral director SOUTHERN FUNERAL HOME

(b) Address 6322 S. Grand Blvd.

19. (a) DEC 16 1941 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

9952

9952

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

Virgil B. Bryman

Licensed Embalmer No. *4018*

P. O. Address *6322 So. Bond*

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.