. S. No. 2
M—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4741

Primary Registration District No. 1002

Registrar's No. 1308

1. PLACE OF DEATH:
(a) County St. Louis
(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 Infirmary, 5800 Arsenal St. D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 13200
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WILLIAM G. MURPHY.

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex male 6

5. Color or race white

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

6. (b) Name of husband or wife Christine Haddow

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

7. Birth date of deceased June 27, 1867 (Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 3 If less than one day hr. min.

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

10. Usual occupation Carpenter (Bridge)

11. Industry or business Missouri Pacific R.R.

FATHER
12. Name Andrew Murphy
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lydia Blakenstaber
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Catherine Hannon
(b) Address 5800 Arsenal St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-12-42 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly
(b) Address 1416 N. Taylor ave.

19. (a) FEB 17 1942 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
year 1942 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from Aug. 7th, 1940 19 to Jan. 30th, 1942 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Unknown — Duration
Bronchiectasis
Due to Bronchopneumonia
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy above

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? O
(Specify type of place)
While at work? (e) Means of injury D

23. Signature Louis Blaney (M. D. or other) MD
Address 5800 Arsenal St. Date signed 2/10/42

(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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Glenn E. Henderson

Licensed Embalmer No. 4141

P. O. Address St. Louis 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.