

FILM MAY 28 1942
Registration District No. 791

Primary Registration District No. 1002

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17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County _____
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4933 Devonshire Ave.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State. Mo. (b) County _____
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4933 Devonshire Ave.
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James L. Brophy
(b) If veteran, name war World War #1
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 18th
year 1942 hour 2:30 minute A.M. M.
21. I hereby certify that I attended the deceased from 5-18-42
_____ 19, to 5-18-42 19;
that I last saw him alive on 5-18-42 19;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Brophy
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased. June 11th 1896
(Month) (Day) (Year)

Immediate cause of death. Coronary thrombosis
Due to _____
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

8. AGE: Years 45 Months 11 Days 7
If less than one day _____ hr. _____ min.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Major findings: Of operations none
Of autopsy no

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Salesman Central Hdw. Co.

MOTHER FATHER { 11. Industry or business _____
12. Name James Brophy
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Etta Ward
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Brophy
(b) Address 4933 Devonshire Ave.
17. (a) Burial (b) Date thereof. 5- -42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul

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? _____

18. (a) Signature of funeral director Kriegshauser Mortuarie
(b) Address 4228 So. Kingshighway Blvd.
19. (a) MAY 19 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

23. Signature O. C. Pfeiffer (M.D. or other) _____
Address 4523 S. Kingshighway Date signed 5/17/42

11-1

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.....
Amos D. McArthur

Licensed Embalmer No. *3024*

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, fact should be so stated above.