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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19411

State File No.

FILED JUL 13 1942 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5675

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis, Missouri**

(c) Name of hospital or institution:
St. Louis City Hospital

(d) Length of stay: In hospital or institution..... **23 Days**

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **MO.** (b) County.....

(c) City or town..... **ST. LOUIS**

(d) Street No. **803 HEMPSTEAD AVE.**

(e) Citizen of foreign country?..... **NO**

If yes, name country.....

3. (a) PRINT FULL NAME..... **Thomas John Brophy**

3. (b) If veteran, name war.....

3. (c) Social Security No. **NONE**

20. DATE OF DEATH: Month..... **June** day..... **30**, year..... **1942** hour..... **7:25** minute..... **P.** M.....

21. I hereby certify that I attended the deceased from..... **June 8**, 19**42** to..... **June 30**, 19**42**; that I last saw him alive on..... **June 30**, 19**42**; 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..... **SINGLE**

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

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

7. Birth date of deceased..... **UNKNOWN** **1884**

Immediate cause of death.....
Coronary Occlusion
Due to Aortic Infarction
Other conditions: Arteriosclerosis

Duration.....

8. AGE: Years..... **58** Months..... **UNKNOWN** Days..... If less than one day..... hr. min.

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

9. Birthplace..... **ST. LOUIS** **MO**

10. Usual occupation..... **PAINTER** **RETIRED**

11. Industry or business.....

12. Name..... **MICHAEL BROPHY**

13. Birthplace..... **ST. LOUIS** **MO**

14. Maiden name..... **CATHERINE LYNCH**

15. Birthplace..... **ST. LOUIS** **MO**

16. (a) Informant..... **FRANK BROPHY**

(b) Address..... **4210 JOHN AVE.**

17. (a) BURIAL (b) Date thereof..... **7-3-42**

(c) Place: burial or cremation..... **CALVARY CEMETERY**

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

(b) Address..... **3840 Lindell Blvd**

19. (a) JUL 2 1942 (b) Registrar's signature..... **J. F. Brudick**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **None**

(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) Means of injury.....

23. Signature..... **H. D. Kirk** (M. D. or other)..... **7/1/42**

Address..... **1515 Lafayette Avenue.** Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

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

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. 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.