

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DePaul Hospital
(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 _____ (b) County _____
(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 5880 Romaine Pl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William C Murphy

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or Grace W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie McGuire 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 9-2-1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Officer

11. Industry or business St. Louis Metropolitan Police Dep't

12. Name Timothy Murphy
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Kate Collins
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fannie Murphy
(b) Address 5880 Romaine Pl.

17. (a) Burial (b) Date thereof 8/17/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cem.

18. (a) Signature of funeral director Sullivan Bros

(b) Address 3342 N. Euclid

19. (a) AUG 13 1942 (b) J. Budick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1942 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 31, 1942, to Aug 13, 1942
that I last saw him alive on Aug 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
hypertension
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place) (or) Means of injury _____

23. Signature W. H. White (M. D. or other) _____
W. H. White (Physician's signature) _____

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 Albert Mayfield
Licensed Embalmer No. 3077
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.