

FILED DEC 17 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10090

6062

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

1. PLACE OF DEATH:

(a) County.....

(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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
years, months or days)

In this community.....

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. 305 LUCAS AVE
(If rural, give location)

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

3. (a) PRINT FULL NAME Edward Murphy

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

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 Nov - 17 - 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 0 12 ..hr. ..min.

9. Birthplace..... Wis. 1
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business.....

MOTHER FATHER

12. Name... JOHN MURPHY

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

14. Maiden name MARA RILEY

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

16. (a) Informant Joseph Dwyer
(b) Address 2361 9th St St. Louis

17. (a) BURIAL (b) Date thereof 12-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director William J. Kelly
(b) Address 1416 N. Taylor Ave

19. (a) DEC 3 1942 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29,
year 1942 hour 10:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from November
28, 19 42 to November 29, 19 42
that I last saw him alive on November 29, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy as 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) 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)
(e) Means of injury.....

23. Signature William J. Park (M. D. or other)
Address 1515 Lafayette Date signed 11/30/42

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..... *Harry E. Jelley*.....
Licensed Embalmer No..... *4078*.....
P. O. Address..... *St. Louis*.....

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.