

S. No. 2  
M-2-43  
5-17  
I X3387

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23307**

**FILED JUL 24 1943 318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
6219a Victoria 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. 6219a Victoria Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Patrick H. Murphy

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th  
year 1943 hour 11:10 minute P.M. M.

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife Ellen M. Murphy

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept. 11th 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-15, 1943, to 7-13-43, 1943; that I last saw h. i. m. alive on on 7-13-43, 1943; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>10</u>	<u>2</u>	hr. _____ min.

Immediate cause of death Chronic myocarditis

Due to Chronic hypertension

Duration 1 1/2

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

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

10. Usual occupation Guard at

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

11. Industry or business Metropolitan Police Dept.

Of autopsy \_\_\_\_\_

12. Name Patrick Murphy

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

14. Maiden name Ellen Daugherty

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

16. (a) Informant Ellen M. Murphy

(b) Address 6219a Victoria Ave.

17. (a) Burial (b) Date thereof 7-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) J. F. Bulech  
(Date received local registrar's) (Registrar's signature)

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)

(c) Means of injury \_\_\_\_\_

23. Signature E. H. Bowdler (M. D. or other) \_\_\_\_\_

Address 1034 M. Grand Date signed 7-14-43

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

MOTHER FATHER

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

844 (Licensed Embalmer's Statement on Reverse Side)

634 Stewart Ave  
Fl 1177 - 2-4

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**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 Edwin D. McCormack

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.**