S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15814

State File No.

Registration District No. 317 Primary Registration District No. 3070 Registrar's No. 964

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves 19
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 644 Atalanta Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves 19
(If outside city or town limits, write "RURAL")
(d) Street No. 644 Atalanta Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Donald Bernard Murphy
3. (b) If veteran, name war No
3. (c) Social Security No. 714-12-8246
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Doris Gallup Murphy
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased 10 (Month) 26 (Day) 1906 (Year)

8. AGE: Years	Months	Days	If less than one day
37	5	24	hr. min.

9. Birthplace Rutland (City, town, or county) Vermont (State or foreign country)
10. Usual occupation Draftsman
11. Industry or business M.K.T Railroad
FATHER 12. Name Frank Murphy
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Anna Mc Donald
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Doris L. Murphy
(b) Address 644 Atalanta Webster Groves
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-22-44 (Month) (Day) (Year)
(c) Place: burial or cremation Malone N.Y.
18. (a) Signature of funeral director MITTELBERG FUNERAL HOME, INC. WEBSTER GROVES, MO.
(b) Address
19. (a) APR 24 1944 (Date received by local registrar) (b) E. H. McSwain, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1944 hour 9:20 minute P.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h. alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death From strangulation at his own hands.

Due to Strangulation by ligature.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

164a

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) Suicide.
(b) Date of occurrence April 20, 1944
(c) Where did injury occur? Webster Groves, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In own home. (Specify type of place)
While at work? (e) Means of injury

23. Signature H. S. Freyberg Deputy Coroner (M. D. or other)
Address Kirkwood, Mo. 4-22-44 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. John M. Meyer

Licensed Embalmer No. 3788

P. O. Address. Kirkwood, 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.