

No. 2
12-45
17-39
X47070

State File No.

Registrar's No.

1641

FILED MAY 13 1947
Registration District No.

Primary Registration District No. 1003

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:
De Paul 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 Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5120 Enright Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

✓ If yes, name country.....

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

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

3. (c) Social Security No. 492-09-2608

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 April 2nd 1878
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	I	3	hr. min.

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

10. Usual occupation Traffic Manager

11. Industry or business Wagner Electric Co.

12. Name John Murphy

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

14. Maiden name Mary Ann Geary

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

16. (a) Informant Mrs. Huggins

(b) Address 5120 Enright

17. (a) Burial (b) Date thereof 5/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir.

(b) Address 2849 North Euclid Ave.

19. (a) MAY 7 1947 (b) J. F. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th
year 1947 hour 8.00 minute A.M.

21. I hereby certify that I attended the deceased from April 30
1947 to May 5 1947
that I last saw him alive on May 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulmonary Edema
Chronic Nephritis
Ch. Nephritis

Due to Chronic Nephritis

Due to Ch. Nephritis

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

Major findings:
Of operations.....

Of autopsy.....

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)

Signature Dr. J. F. Buddeck (M. D. or other)

Address 4968 E. Delmar Date signed 5/6/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Eugene Kohler
4919 Maffitt Ave .
Fo.7887

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

Robert L. Brunsma
.....
Licensed Embalmer No. 3553

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.