

FILED DEC 22 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
4157a W. Belle
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

Mo. (a) State..... (b) County..... **0-00**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **17**

(d) Street No. **4157a W. Belle**
(If rural, give location) **9**

(e) Citizen of foreign country? **No** (Yes or No) **10**

If yes, name country.....

3. (a) PRINT FULL NAME **ROBERT MURPHY**

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

3. (c) Social Security No.

4. Sex **Male** Color or race **cd**

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife **Laura**

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

7. Birth date of deceased **Unavailable** **1887**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Abt 60 ..hr.min.

9. Birthplace **Rolland, Miss.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired janitor**

11. Industry or business..... **--**

12. Name **James Murphy**

13. Birthplace **Unavailable Miss.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary unknown**

15. Birthplace **Unavailable Miss.**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Murphy**

(b) Address **4202 W. Belle**

17. (a) **Burial** (b) Date thereof **12-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Washington Park**

18. (a) Signature of funeral director **Chas. J. Gates**

(b) Address **4107 Finney Ave.**

19. (a) **DEC 10 1947** (b) **J. P. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **5th**
year..... hour **10:30** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Sept** 1947, to **Dec 5** 1947,
that I last saw him alive on **Dec 2** 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Due to **Hypertensive cardio-vascular disease**

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of 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?.....
(Specify type of place)

While at work..... (e) Means of injury.....

23. Signature **Leonard Martindale** (M. D. or other)

Address **4069a Easton Ave.** Date signed **12/8/47**

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.....

John Cunningham

Registered Apprentice No. 452

working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

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.