No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2890

Registration District No. 318 | Primary Registration District No. | Registrar's No. 369

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: Park Lane (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: 1003
(a) State Mo. (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 5156 Enright (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME James A Murnaghan
3. (b) If veteran, name war
3. (c) Social Security No. 561-18-5829

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 31 (Day) 1874 (Year)

8. AGE: Years 73 | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Daniel Murnaghan
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Joyce
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Miss Nell Hannagan
(b) Address 5156 Enright
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Ann's
18. (a) Signature of funeral director Cullen-Kelly
(b) Address 7267 Natural Bridge
19. (a) Jan 13 1948 (Date received local registrar) (b) J. J. Bussert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11 year 1948 hour 9 minute 10 P M.
21. I hereby certify that I attended the deceased from 12-28-1947 1947, 19..., to 1-11-48, 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Fibrinous Pneumonia both lobes. 2 Wks.
Due to Left lung.
Due to The LaGrippe type.
Other conditions (Include pregnancy within 3 months of death) Depleted senility.

Major findings:
Of operations
Of autopsy None.

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 0
23. Signature [illegible] (M. D. or other)
Address 3734 Jennings Road Date signed 1-12 1948

Jefferson City Printing Co. (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 James G. Lammers

Licensed Embalmer No. 4142

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.