S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2891

FILED JAN 22 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 425

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: City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One week (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 3913 a Flad Ave. 9
(If rural, give location) 0

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank Murphy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 10 (Day) 1865 (Year)

8. AGE: Years 82 Months 3 Days 2 If less than one day 2 hr. min.

9. Birthplace St.Louis M (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name John Murphy 11
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Cleary 4
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Murphy
(b) Address 3913 a Flad Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos J Lunan Hans
(b) Address 1519 S. Grand Blvd

19. (a) JAN 15 1948 (Date received local registrar) (b) J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1948 hour 12 minutes 38 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.

Duration

Immediate cause of death Labor Premature 2
Fracture of right Tibia
When struck by a machine
Driven by one Frank Edward
Tochter 100 feet East of
Underwater Ave on Natural
Bridge around 5:50 P.M. Jan
5 1948 R

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 10

Of autopsy 21

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) Unavoidable Accident

(b) Date of occurrence Jan 5 1948 000

(c) Where did injury occur? Home Fire
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Broken street
(Specify type of place)

While at work? (e) Means of injury Labor

23. Signature Edward E. Myles (M. O. or other) 3

Address Dept Date signed 7/14/48

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.....Roland Johnke.....

Licensed Embalmer No.....3917.....

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.