

No. 300  
10-47  
5-17-39  
I 3906

FILED MAR 4 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1718

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

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

(d) Length of stay: In hospital or institution 1 week  
(Specify whether years, months or days)

In this community 45 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Elizabeth R. Murphy

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color of race white

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

6. (b) Name of husband or wife Clarence Murphy

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 14th, 1881  
(Month) (Day) (Year)

8. AGE: Years 66 Months 7 Days 5  
If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business Milton Bloomer

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Clarence Murphy

(b) Address 2521a Hadley St.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 2-23-48  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) FEB 19 1948  
(Date received local registrar)

J. F. Brennan  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2521a Hadley St.  
(If rural, give location)

(e) Citizen of foreign country? 26 (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19th  
year 1948 hour 4:00 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage  
Progressive Arteriosclerosis  
When deceased fell to the floor  
from a chair in his home 2521a  
Hadley St. on Feb 3rd  
1948 about 5:00 AM

Other conditions 18  
(Include pregnancy, within 3 months of death)

Major findings: 18  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Accident OAB

(b) Date of occurrence Feb 3rd 1948

(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? Home

Write at work? no (Specify type of place) \_\_\_\_\_

Means of injury falling

23. Signature Catriel E Taylor  
(M.D. or other)

Address 1300 Clark Date signed 2-9-48

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**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 P. Beckholz*  
.....  
Licensed Embalmer No. *1674*  
P. O. Address *2223 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.**