S. No. 2
M—5-42
v. 5-17-39
1 X3287

4584

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2082

RD MAR 15 1943
Registration District No.

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USE 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:
3413a California Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether
In this community 18 years
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. 3413a California Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME KATHERINE MURPHY

3. (b) If veteran, name war NO

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife James L.

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased
(Month) (Day) (Year)

8. AGE: Years abt 50 | Months — | Days — | If less than one day hr. min.

9. Birthplace California, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Luke Wood
13. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant James L Murphy
(b) Address #413A California Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Ship California Mo Plc

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) MAR 3 1943 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1943 hour 6 minute 20 P.M.

21. I hereby certify that I attended the deceased from Jan. 15, 1943 to Feb. 2, 1943
that I last saw her alive on Feb. 2, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	1 day
Due to: Chr. Arthritis Deformans	
Due to: Chr. Myocarditis	
Due to: Chr. Endocarditis	1938
Chr. Nephritis Glomerular	
Other conditions (Includes pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no
(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) (e) Means of injury

23. Signature Jno Calvert M.D. (M. D. or other)
Address 2767 Nevada Date signed 3-3-43

(Licensed Embalmer's Statement on Reverse Side)

MAY 17 1946

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.