1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3040

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033B — Registered No. 6
City Pine Lawn (No. 4103, Cedarwood Ave St. Ward)

2. FULL NAME Glenn C. Mullins
(a) Residence, No. 4103 Cedarwood Ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Bonnie Mullins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1882

7. AGE Years 50 Months 1 Days 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Mail Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) June 1925
11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

FATHER
13. NAME Wm A Mullins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Martha McAnally
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Bonnie Mullins 4103 Cedarwood Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem DATE Jan 13, 1933

19. UNDERTAKER (ADDRESS) Diehmann Hanal 1905 Union Blvd

20. FILED 1/12, 1933 Rolla Gracy, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1932, to 1-10, 1933
I last saw him alive on 1-10, 1933 Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc.	?
Other contributory causes of importance:	
Influenza	1918

Name of operation none Date of
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Geo H Klinkerfuss, M. D.
(Address) 7303a Natural Bridge

N. B.—Every item ... CAUSE OF DEATH in plain terms, ...

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