

REC'D MAR 14 1938

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

4938
Do not use this space.

1. PLACE OF DEATH
- (a) County Registration District No. **791**
- (b) Township Primary Registration District No. **1003**
- (c) City **St. Louis, Mo.** (d) Street No. **Missouri Pacific Hospital** Registered No. **1583**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
- (e) Length of residence in city or town where death occurred yrs. mos. **2** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME **John Henry Mullane 4-50**
- (a) Residence, No. **1738 Cleveland** St. **NA East St. Louis, Ill.**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Mary Mullane**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 23rd 1897**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	40	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Railway Clerk**

9. Industry or business in which work was done, as saw mill, bank, etc. **Missouri Pacific**

10. Date deceased last worked at this occupation (month and year) **February 5 1938** 11. Total time (years) spent in this occupation **20 yrs.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **East Alton, Illinois**

FATHER

13. NAME **Phil C. Mullane**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Charleston, Illinois**

MOTHER

15. MAIDEN NAME **Anna Redelman**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Effingham, Illinois**

17. INFORMANT (ADDRESS) **John B. Jones, East St. Louis, Ill.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Charles, Belleville, Ill.** DATE **2/16 1938**

19. FUNERAL DIRECTOR **Well Walsh Barnes, East St. Louis, Illinois**

20. FILED **FEB 14 1938** **J. F. Brubaker**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 13th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **2-10-1938**, to **2-17-1938**, 19**38**
I last saw him alive on **2-17-1938**. Death is said to have occurred on the date stated above, at **7:30 a. m.**
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia, rt. 2-2-38 Date of onset

Other contributory causes of importance: **108**

Name of operation Date of
What test confirmed diagnosis? **X-ray** 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) **R. H. Mullane**, M. D.
(Address) **Mo. Pacific Hospital**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Bernie C. Dunbar

Licensed Embalmer No. 2272

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.)