

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23283  
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 (d) Street No. City Hospital No. 1 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? , yrs. mos. ds.  
D. 2755 4.57

2. PRINT FULL NAME William Mullen  
 (a) Residence, No. 5209 Maffitt St. 6 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Alice Mullen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4-1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 75 11 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. nil  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER 13. NAME Wm. P. Mullen 0  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 0

MOTHER 15. MAIDEN NAME Unknown 1  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hosp. Info M. Kent  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem DATE July 9 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John A. Genteman  
5077 Durant av.

20. FILED JUL 4 1938 J. F. Bredt  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/2/38 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/26/38 1938 to 7/2/38 1938  
 I last saw him live on 7/2/38 1938 Death is said to have occurred on the date stated above, at 8.25 a.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Esophagus with metastasis to liver & spinal cord.  
 Date of onset

Other contributory causes of importance HO

Name of operation None Date of Yes  
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? - Date of injury - 1938  
 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) Marshall W. Kelly 1, M. D.  
 (Address) City Hospital No. 1

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.

WHILE I LABEL, WITH UNFADING INK THIS IS A PERMANENT RECORD

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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..... *Guy W. Wilkinson*

Licensed Embalmer No. *3575*

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, above space should be left blank.**