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.

REC'D SEP 12 1938

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

27336
Do not use this space.

791

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 7350
(c) City St. Louis (d) Street No. 4934 Aldine Ave. 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.

2. PRINT FULL NAME Katherine Mullahy
(a) Residence, No. 4934 Aldine Ave. St. 6
(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: Female
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: John J. Mullahy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24, 1895
7. AGE: YEARS 43 | MONTHS 1 | DAYS 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
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 Mo. 0

FATHER
13. NAME: Angelo Tornellia 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France 7

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

17. INFORMANT (ADDRESS): John J. Mullahy 4934 Aldine Ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cem. DATE: Aug. 20, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Arthur J. Donnelly 3840 Lindell Blvd.
20. FILED: AUG 18 1938 J. F. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 17, 1938, 19
22. I HEREBY CERTIFY, That I attended deceased from Jan 1937, to Aug 17, 1938
I last saw her alive on Aug 16, 1938. Death is said to have occurred on the date stated above, at 8 am. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis (Chr.)

Date of onset

Other contributory causes of importance: none

Name of operation: none Date of
What test confirmed diagnosis? none Was there an autopsy?

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?
If so, specify
(Signed) J. S. Homan, M. D.
(Address) 4903 Delmar, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side) Res. Geo Manting, M. D.

Roosevelt Bldg.

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.