

OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

31125
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1008
 (b) Township St. Louis Primary Registration District No. _____ Registered No. 8562
 (c) City St. Louis (d) Street No. En route City Hospital #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.

2. PRINT FULL NAME

(a) Residence, No. 4734 So. Grand St. 12 (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 Veronica Mulligan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1891
 7. AGE YEARS 47 MONTHS 8 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Butcher
 9. Industry or business in which work was done, as saw mill, bank, etc. Butch. Grocery
 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

13. NAME Patrick Mulligan
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

15. MAIDEN NAME Mary Wheeland
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) Mrs. James Mulligan 4734 So. Grand

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olive DATE Oct 1 - 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pendle Kid G 4420 Michigan Ave

20. FILED SEP 30 1938 Local Registrar.

NONRESIDENT CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/27/38 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

A right intraventricular haemorrhage of the Brain following being struck on the side of the face by one Lawrence Callanan about 10:00 o'clock P.M., Sept. 27, 1938, at a tavern.

Other contributory causes of importance: 1946
117 S. 7th St.

Name of operation _____ Date of _____
 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? Accident Date of injury 9/27, 1938
 Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Public Place

Manner of injury See Above
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) Joseph M. Quinn, M.D.
 (Address) Deputy Coroner

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 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

Licensed Embalmer No. *2679*

P. O. Address *744 femay*

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.