

DEC 12 1938

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

37250  
Do not use this space.

1. PLACE OF DEATH  
(a) County ..... 2. Registration District No. 791  
(b) Township ..... 1 Primary Registration District No. 1003  
(c) City ..... St. Louis (d) Street No. 15 South Taylor Registered No. 9577  
(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 ..... James McMulty  
(a) Residence, No. 15 South Taylor St. 19 (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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna McMulty  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 3 8  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman  
9. Industry or business in which work was done, as law mill, bank, etc. Shell ret. Co.  
10. Date deceased last worked at this occupation (month and year) NOV. 1938 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO. 0

FATHER 13. NAME John McMulty 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER 15. MAIDEN NAME Mary Ann Farrell 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

17. INFORMANT Ruth Foley (ADDRESS) 15 South Taylor

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 11/5/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cullen & Kelly 726 1/2 Natl. Bridge

20. FILED NOV 4 1938 J. H. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 1938  
22. I HEREBY CERTIFY, That I attended deceased from June 3, 1937, to Nov. 2, 1938  
I last saw him alive on Nov. 1, 1938 Death is said to have occurred on the date stated above, at 4:45 a.m.  
The principal cause of death and related causes of importance were as follows:

angina pectoris 2 yrs  
General arteriosclerosis 16 yrs  
Other contributory causes of importance: Arthritis 10 yrs

Name of operation ..... Date of .....  
What test confirmed diagnosis? Lat. 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 Arthur Sunders M. D.  
(Signed) (Address) 2202 University

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 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.....

*John Fitzgerald*

Licensed Embalmer No.....

*131*

P. O. Address.....

*1416 N Taylor Ave*

**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.**