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.

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

Do not use this space. 458

Registration District No. 1003 791

Primary Registration District No. 2

Registered No. 458

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. 1456a N. Union Blvd. 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 450 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret (Maggie) Mullaney
(a) Residence, No. 1456a. N. Union Blvd. 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*): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22nd. 1869
7. AGE: Years 69 Months 10 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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. C.

FATHER
13. NAME Michael Mullaney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass

MOTHER
15. MAIDEN NAME Hanna Donough
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass

17. INFORMANT Matilda Hagerty
(ADDRESS) 1456a N. Union Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt DATE 1/16/39, 19

19. FUNERAL DIRECTOR Berrigan & Sheahan Und Co.
(ADDRESS) 4415 Washington Blvd.

20. FILED JAN 14 1939 J. F. Bulick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/12/39, 19

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1938, to Jan 12, 1939
I last saw her alive on Jan 7, 1939. Death is said to have occurred on the date stated above, at 9:30 pm
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (with Auricular fibrillation) — Date of onset 1934

Other contributory causes of importance:
General Arterio Sclerosis (with hypertension)

Name of operation None Date of —
What test confirmed diagnosis? Physicians 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? !
If so, specify
(Signed) Everett J. Javaux, M. D.
(Address) 607 N. Grand Ave

(Licensed Embalmer's Statement on Reverse Side)

Do [illegible] 1
[illegible] fully
2-4

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 Albert V. Kappe

Licensed Embalmer No. 1861

P. O. Address.....

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.