

**REC'D FEB 25 1941**  
Registration District No. 791

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 685

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: JOSEPHINE HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution SIX WEEKS  
In this community 12 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS 96  
(c) City or town WELLSTON NR 10  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2100 NORMANDY DRIVE 6  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 12 YEARS 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 21,  
year 1941 hour 12 minute 30P M.

21. I hereby certify that I attended the deceased from 12-18 1940 to 1-21 1941  
that I last saw her alive on 1-21 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Coronary Dis  
Due to Myocarditis Chronic  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) None  
Major findings: Of operations None  
Of autopsy None  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME SISTER M. MATILDA (JULIA MULLEN)

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex WHITE 5. Color or race F 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased UNKNOWN 1874  
(Month) (Day) (Year)

8. AGE: Years abt 66 Months UNKNOWN Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min.

9. Birthplace IRELAND 4  
(City, town, or county) (State or foreign country)

10. Usual occupation RELIGIOUS

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name MATTHEW MULLEN

13. Birthplace IRELAND 4  
(City, town, or county) (State or foreign country)

14. Maiden name JULIA WARD

15. Birthplace IRELAND 4  
(City, town, or county) (State or foreign country)

16. (a) Informant SISTER M. TIMOTHY

(b) Address 2100 NORMANDY DRIVE

17. (a) BURIAL (b) Date thereof JAN. 25, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation INCARNATE WORD CONVENT

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd

19. (a) JAN 22 1941 (b) \_\_\_\_\_  
(Dated and signed by registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Philip Schuck (M.D. or other) D. M. D.  
Address 1703 Grand Date signed 1-22-41

1703 8. Science Hill  
9-10  
R. O. 809

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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, fact should be so stated above.