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APR 3 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12149

State File No. _____

Registration District No. 780

Primary Registration District No. 200

Registrar's No. 622

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Station Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 36
(c) City or town Pacific
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1941 hour 1 minute 28 M.

21. I hereby certify that I attended the deceased from March 2, 1941, to March 20, 1941;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Rupture, traumatic, severe, involving the mesentery.
Abdominal.
2. Hemorrhage, traumatic, severe, diffuse.
Due to Peritonitis, acute, severe,
diffuse.

Due to Shock, severe due to No. 1.
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Confirmed above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence March 2, 1941
(c) Where did injury occur? Pacific, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)
While at work, No. _____ (e) Means of injury Falling on
stump.
Signature PHILIP M. NABBE, 1st Lt. (M.D. or other) M.D.
Address Jefferson Barracks, Mo. M.C. Date signed 3-20-41

3. (a) PRINT FULL NAME OLIVER L. MULLIN

3. (b) If veteran, name war World War I 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased June 30 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 9 20 hr. min.

9. Birthplace Jesup Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Enrollee

11. Industry or business Civilian Conservation Corps

12. Name I.W. Mullin

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

14. Maiden name Susan Ospuren

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

16. (a) Informant Clinical record Jefferson Bks., Mo.

(b) Address JEFFBKS. MO

17. (a) BURIAL (b) Date thereof MARCH 22 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. Broadway

19. (a) MAR 22 1941 (b) TR Meyer
(Date received local registrar) (Registrar's signature)

B.C. (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Linus C. Hoffmann*

Licensed Embalmer No: *3871*

P. O. Address: *7814 S. Broad*

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.