

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19851

State File No. _____

Registrar's No. **5723**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **2446 St. Louis Blvd.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2446 N. Grand Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2446 N. Grand Blvd.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **4**
year **1942** hour **6** minute **30** A.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw h_____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized Arteriosclerosis**
Senility
Due to **Heart**
Due to _____

Duration

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(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)
(c) Means of injury **3**

23. Signature **Walter G. Perry** (M. D. or other)
Address _____ Date signed **7/6/42**

3. (a) PRINT FULL NAME **Joseph Patrick Mullanphy**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 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 **march 17, 1862**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	3	17	br. min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Boiler maker.**

11. Industry or business _____

12. Name **John Mullanphy**

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

14. Maiden name **Ellen Queen**

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

16. (a) Informant **Mrs. Ella Demagall**

(b) Address **1974 E. Warne Ave.**

17. (a) **Burial** (b) Date thereof **7/6/42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director _____

(b) Address **2117 E. Grand Blvd.**

19. (a) **III 6 1942** (b) **J. F. Braddock**
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

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

184
93
93

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

Frank A. Moore

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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.