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S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29041

State File No.

FILED OCT 1 1942 318

Registration District No. Primary Registration District No. Registrar's No. 7814

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 5 Days
(Specify whether years, months or days)

In this community. 72 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. 100
17

(c) City or town. St Louis Mo 9 20
(If outside city or town limits, write "RURAL")

(d) Street No. 2606a St Louis Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. N

3. (a) PRINT FULL NAME Anna Catherine Mullin

(b) If veteran, name war. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18, year 1942 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from September 14, 19 42 to September 18, 19 42 that I last saw her alive on September 18, 19 42 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife. Edward F Mullin 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. 11 3 1869
(Month) (Day) (Year)

Immediate cause of death. Arteriosclerotic Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 9 20
9 5

8. AGE: Years Months Days If less than one day

72 10 15 hr. min.

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

Major findings: Of operations. Refused

Of autopsy. Refused

PHYSICIAN Underline the cause to which death should be charged statistically.

10. Usual occupation. Housewife

11. Industry or business.

12. Name. Thomas Darby

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

14. Maiden name. Catherine Kehoe

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

16. (a) Informant. Mrs Erwin Lutz

(b) Address. 2606a St. Louis Ave

17. (a) Burial (b) Date thereof. 9 21 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Cal Cemetery

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?

18. (a) Signature of funeral director. Goodhart & Goodhart

(b) Address. 2228 St Louis Ave

19. (a) J. F. Goodhart (b) SEP 20 1942
(Date of local registry) (Registrar's signature)

While at work (Specify name of place) Means of injury

23. Signature. Louis J. Goodhart (Specify name of place) (Date signed) 9/21/42

Address. 2515 Lafayette Ave. Date signed

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

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 Marie A. Cashion

Licensed Embalmer No. 3949

P. O. Address St. Louis Mo

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.