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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 32270

LED OCT 28 1942 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 8527

**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: 2506a N.20th St. /
(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. 2506a N 20th St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) Y
If yes, name country

000 12 26 4

3. (a) PRINT FULL NAME Edward Patrick Mullin

3. (b) If veteran, name war No

3. (c) Social Security No. 492-16-1509

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emelie Hackman,

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March (Month) 17 (Day) 1889 (Year)

8. AGE: Years 53 Months 6 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business White Baking Co.

MOTHER FATHER

12. Name Thomas Mullin

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

14. Maiden name Anna Kahoe

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

16. (a) Informant Emelie Mullin
(b) Address 2506a N. 20th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10- 15-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) OCT 14 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 12 year 1942 hour 10:35 minute P. 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.

| | Duration |
|---|---|
| Immediate cause of death: Chronic Myocarditis; Chronic Interstitial Nephritis. | |
| Due to | |
| Due to | |
| 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature James J. Fitzsimmons M.D. Coroner (M. D. or other)
Address 1300 Clayton Ave. Date signed 10/14/42

(Licensed Embalmer's Statement on Reverse Side)

B

**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.....Fred Frick.....

Licensed Embalmer No.....3186.....

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.**