S. No. 2
M—5-42
v. 5-17-39
X32873

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. 39121

Registration District No. 318 — Filed DEC 29 1942

Primary Registration District No. 1005

Registrar's No. 10611

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: Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)
In this community

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. 2906 Gamble
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

000 12 219

3. (a) PRINT FULL NAME Gerald Mullen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased November (Month) 16 (Day) 42 (Year)

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

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Jesse Mullen
13. Birthplace Marianna, Ark. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Sarah Bulley
15. Birthplace Jackson, Miss. (City, town, or county) (State or foreign country) 1

16. (a) Informant Esther M. Sherrard, KRL
(b) Address 2601 N. Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 22 1942 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Merschmann
(b) Address City Hearse Serv

19. (a) DEC 21 1942 (Date received local registrar) (b) J. F. Bedek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22 year 1942 hour 8 minute 50 a.m.

21. I hereby certify that I attended the deceased from Nov. 16 1942 to Nov. 22 1942 that I last saw him alive on Nov. 22 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity — Duration

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 E. L. Dickson (M. D. or other)
Address 2601 N. Whittier Date signed 12-1942

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.