

FILED JAN - 5 1943 318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 10703

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:  
Home for the Aged 3400 So. Grand  
(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 000  
(c) City or town St. Louis, 17  
(If outside city or town limits, write "RURAL") 9/16  
(d) Street No. 3400 So. Grand Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Louise Mulronev

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

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

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

7. Birth date of deceased August 1-- 1860  
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 1 If less than one day  
hr. min.

9. Birthplace Jefferson City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business .....

MOTHER FATHER

12. Name Anton Vien

13. Birthplace Dont Know. 9  
(City, town, or county) (State or foreign country)

14. Maiden name Agatha M. Taigon

15. Birthplace Dont Know. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Theresa  
(b) Address 3400 So. Grand Blvd.

17. (a) Burial (b) Date thereof Dec. 23, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Seber Bros Mortuary

(b) Address 2842 Meamec St.

19. (a) DEC 22 1942 (b) J. F. Braden  
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th  
year 1942 hour 12 minute P. M.

21. I hereby certify that I attended the deceased from Oct 14 to Dec 20, 1942  
that I last saw him alive on Dec 19, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis  
Cardio-sclerosis 270

Due to 930

Due to 1120

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) (e) Means of injury 0

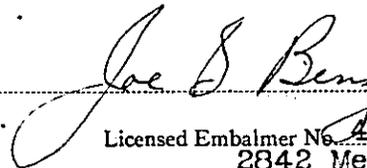
23. Signature [Signature] (M. D. or other) 12/22/42  
Address [Address] Date signed 12/22/42

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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 4249

2842 Meramec St.

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.**