

FILED OCT 27 1943 318

Registration District No. _____ Primary Registration District No. _____

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:
4649 Delmar 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)

3. (a) PRINT FULL NAME Alice Mullen

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife J. E. Mullen 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 5, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 8 10 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER
12. Name Joseph Lachance
13. Birthplace Unavailable Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Estelle Jones
15. Birthplace Mine LaMotte, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Lachance
(b) Address Flat River, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/43
(Month) (Day) (Year)
(c) Place: burial or cremation Flat River, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) OCT 18 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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. 4649 Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15
year 1943 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct 8 1943 to Oct 15 1943
that I last saw him alive on Oct 15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris
Myocardial Infarction

Due to Heart of Missouri
Due to _____
Other conditions Cerebral Hemiplegia
(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 _____

23. Signature J. F. Bredek (M. D. or other) _____
Address 539 N. 7th Signed 10/16

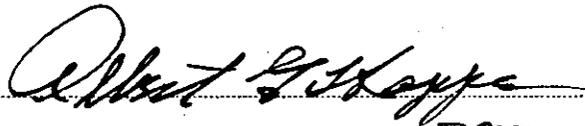
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... .....

Licensed Embalmer No..... 2971.....

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.