. S. No. 2
0M—2-43
5-17-39
-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40319

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11534

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: 2 City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 52yr.11mO.23ds (Specify whether years, months or days)
In this community 52 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State 000 (b) County 17
(c) City or town St. Louis 9 13
(If outside city or town limits, write "RURAL")
(d) Street No. 5400 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME THOMAS MULLEN

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mary Mullen

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

7. Birth date of deceased no Feb. (Month) 14 (Day) 1872 (Year)

8. AGE: Years 71 Months 10 Days 6 If less than one day hr. min.

9. Birthplace not known (City, town, or county) Ireland (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name Martin Mullen
13. Birthplace not known (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary E. Coyne
15. Birthplace New Orleans (City, town, or county) La. (State or foreign country)

16. (a) Informant Thelma A Sangler
(b) Address 5400 Arsenal St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12 22 1943 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. PETER & PAUL

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave

19. (a) DEC 22 1943 (Date received local registrar) (b) J. F. Bussell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20, year 1943 hour 9.55 minute P. M.

21. I hereby certify that I attended the deceased from July 1st, 1936, to Dec. 20, 1943, 19..; that I last saw him alive on Dec. 20, 1943, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Post Operative Peritonitis	2 das.
Due to Carcinoma of the Rectum	6 mos.
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 Walter L. Moore (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed 12-21-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

No Embalming

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 David Gibson

Licensed Embalmer No. 3146

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.