

FILED NOV 4 1944

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 2189

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community: 7 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 91

(c) City or town: Webster Groves  
(If outside city or town limits, write "RURAL")

(d) Street No.: 230-4th Kirchham  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Johannie Mullins

3. (b) If veteran, name war: Wolds War #1

3. (c) Social Security No.: 495-16-1720

4. Sex: male 5. Color or race: negro

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

6. (b) Name of husband or wife: \_\_\_\_\_

6. (c) Age of husband or wife if alive: 4 years  
(Day) (Year)

7. Birth date of deceased: 2 (Month) 4 (Day) 1895 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22  
year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10/3 1944 to 10/22 1944  
that I last saw her alive on 10/13 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>8</u>	<u>18</u>	hr. _____ min. _____

Immediate cause of death: Pneumonia

Due to: \_\_\_\_\_

Due to: Acute Respiratory Distress

Other conditions: Aspiration pneumonia

9. Birthplace: Marianna Ark. (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

Major findings: 107

Of operations: \_\_\_\_\_

Of autopsy: no

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business: \_\_\_\_\_

12. Name: Mab - Mullins

13. Birthplace: Marianna Ark (City, town, or county) (State or foreign country)

14. Maiden name: Lula Edwards

15. Birthplace: Marianna Ark (City, town, or county) (State or foreign country)

16. (a) Informant: E. Brooks

(b) Address: 3511 Laclede ave

17. (a) \_\_\_\_\_ (b) Date thereof: 10 27 44  
(Special examination or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Marianna Arkansas

18. (a) Signature of funeral director: J. C. Lewis

(b) Address: 22 Euclid av. Webster Groves

19. (a) OCT 27 1944 (Data received local Registrar)

(b) E. S. McLawrence (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): \_\_\_\_\_

(b) Date of occurrence: 10/22/44

(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? no (e) Means of injury: \_\_\_\_\_

23. Signature: W. H. Reynolds (M. D. or other) \_\_\_\_\_  
Address: Webster Groves Date signed: 10/27/44

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

NOV 24 1944

NOV 9

1944

**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

*J. L. Lewis*

Licensed Embalmer No. *2027*

P. O. Address *Webster Groves 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.**