

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

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47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42766**
Registrar's No. **10900**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 23 1946

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Theodora**
(d) Length of stay: In hospital or institution. (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **St. Louis**
(c) City or town **St. Louis**
(d) Street No. **5331 Theodora**
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME **Julia J. Mulrooney**
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **17**
year **1946** hour **5:45** minute **P.** M.

4. Sex **Female** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Thomas J.** 6. (c) Age of husband or wife if alive **84** years
7. Birth date of deceased **February 9 1864**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sept 5**, 19**33**, to **Dec 17**, 19**46**
that I last saw her alive on **Dec 17**, 19**46**
and that death occurred on the date and hour stated above.

8. AGE: Years **82** Months **10** Days **8** If less than one day _____ hr. _____ min.

Immediate cause of death **Coronary Occlusion** Duration **1 day**
Due to **Arteriosclerosis** **10 yrs**

9. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (include pregnancy within 3 months of death) **94**

10. Usual occupation **at home**

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business **at home**
12. Name **Patrick P. Phelan**
13. Birthplace **Ireland**
14. Maiden name **Mary O'Connell**
15. Birthplace **Ireland**

16. (a) Informant **Julia J. Mulrooney**
(b) Address **5331 Theodora**
17. (a) (b) Date thereof **12-20-46**
(c) Place: burial or cremation **Bellevue**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **W. J. Stuart**
(b) Address **1225 Union Blvd.**
19. (a) **DEC 19 1946** (b) **J. F. Bredebeck**
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **Joe M. Orenstein** (M. D. or other) **4487 Westminster Pl.** Date signed **Dec. 18, 1946**

4487
No. 9129
W. L. Davis

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. Allen Davis Jr.
Licensed Embalmer No. 4053
P. O. Address St. Louis

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.