

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution St. John's Hospital
(d) Length of stay: In-hospital or institution 18-Months
In this community 80 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME Patrick J. Mulligan
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. Color or race W.
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife Mary Mulligan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 2nd., 1860 (Month) (Day) (Year)

8. AGE: Years 88 Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation Plasterer

11. Industry or business

12. Name Michael Mulligan

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

14. Maiden name Catherine Mulligan

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

16. (a) Informant Mrs. Anne Barrett

(b) Address 5363 Maffitt Ave.

17. (a) Burial (b) Date thereof 3-10-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Connelly

(b) Address 3840 Lindell Blvd.

19. (a) MAR 8 1948 (b) J. J. Bredes (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(d) Street No. 5363 Maffitt Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7th., year 1948 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from 1930, 19 to 3-7, 1948 that I last saw him alive on 3-7, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis & mesenteric Thrombosis Duration 9 hrs.

Due to Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) none

(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. Hammond (M. D. or other) M.D.

Address 634 N. Grand Date signed 3/10/48

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

MOTHER FATHER

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 W H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.