

No. 300
10-47
5-17-39
PI 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28420**
Registrar's No. **2002**

FILED SEP 7 1948

Registration District No. **377**

Primary Registration District No. **3069**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Marys Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5307 Neosho Str.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA H. MULDERIG

3. (b) If veteran, name war None

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1948 hour 1:00 minute _____ P. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Timothy Mulderig

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: Aug. 2 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 2 1947 to Aug 23 1948
that I last saw her alive on August 23 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 0 21 hr. _____ min.

Immediate cause of death Occlusion of Coronary Artery

Due to Arteriosclerotic Heart Disease

Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Duration 9 weeks
Uncertain
Uncertain

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Luke Hastey

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

14. Maiden name Margaret Robinson

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

16. (a) Informant Timothy Mulderig

(b) Address 5307 Neosho Str.

17. (a) Burial (b) Date thereof 8-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und.

(b) Address 4228 So. Kingshighway Blvd.

19. (a) 8-24-48 (b) Cecil A. Z. Sharp, M.D.
(Date received local registrar) (Registrar's signature) (C.H.)

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 G. O. Brown (M. D. or other) M.D.
Address 1325 S. Grand Date signed 8/24/48

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.