

FILED APR 1 1949

STANDARD CERTIFICATE OF DEATH

State File No. 10452

2590

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis 76				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 23		0		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Marian Hospital 0				d. STREET ADDRESS (If rural, give location) 335 Forbes 11				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) F. c. (Last) Mullalley			4. DATE OF DEATH (Month) (Day) (Year) March 20, 1949					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 29, 1882		9. AGE (in years last birthday) 66	IF UNDER 1 YEAR Days 6	IF UNDER 24 HRS. Hours 21	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY National Lead		11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio 1		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Marie Mullalley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-05-8245		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marie Mullalley 335 Forbes Lemay 23				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis	ANTECEDENT CAUSES					1 1/2 hr		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) Portal Cirrhosis 1 1/2 hrs					5 yrs		
	DUE TO (c) arteriosclerosis 1 1/2 hr					?		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						58/0		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Jan 5, 1949, to March 20, 1949, that I last saw the deceased alive on March 20, 1949, and that death occurred at 7:15 P. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Mitchel L. Bartwick M.D.				23b. ADDRESS 7629 So. Broadway.		23c. DATE SIGNED 3/21/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE MARCH 23-1949	24c. NAME OF CEMETERY OR CREMATORY Old S.S. Peter & Paul		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri			
DATE REC'D BY LOCAL REG. MAR 22 1949		REGISTRAR'S SIGNATURE J. B. Faraker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Hoffmeister U&L Co. 7814 S. Bdwy St. L.				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10. 48
17
M.R.

W. Mitchell
7629 S. Broadway
72 3706

Paul

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Harry J. Schein

Signed _____
Student Embalmer

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.