

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25053
State File No. _____
Registrar's No. **6842**

FILED AUG 15 1951

318

1003

REG. DIST. NO. _____
PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis		c. LENGTH OF STAY (in this place) 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1565 Fairmount Ave.		d. STREET ADDRESS (If rural, give location) 1565 Fairmount Av.	
3. NAME OF DECEASED (Type or Print) a. (First) Ferdinand J. Mullin		b. (Middle) J.	
c. (Last) Mullin		4. DATE OF DEATH (Month) (Day) (Year) About July 18	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Unknown
9. AGE (in years last birthday) About 49 Yrs		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Petroleum	
11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME John J. Mullin		13b. MOTHER'S MAIDEN NAME Carrie Kuseman	
14. NAME OF HUSBAND OR WIFE None		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. 442-07-8934		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Erwin Mullin 1538 Fairmount Av.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 0	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4501		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Patrick E. Taylor Coronor		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 7-31-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7-31-51		24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser Mortuary 4228 S. Kingshighway	
DATE REC'D BY LOCAL REG. JUL 31 1951		REGISTRAR'S SIGNATURE J. B. Laster	

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

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 _____

No Embalming
working under my personal supervision.

Student Embalmer No. _____

Signed _____

Edwin M. Herms

Signed _____
Student Embalmer

Licensed Embalmer No. *3024*

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.