

STANDARD CERTIFICATE OF DEATH

State File No. **33259**

FILED OCT 1 1952

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PRIMARY REG. DIST. NO. **1003**Registrar's No. **8740**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8740	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____			
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 St. Louis		2147	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6025 Pernod Ave.				d. STREET ADDRESS (If rural, give location) 14 6025 Pernod Ave.			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First) _____		b. (Middle) T.		c. (Last) MULCAHY	
4. DATE OF DEATH (Month) (Day) (Year) Sep. 17 1952		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb. 25, 1897		9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Chase Bag Co.		11. BIRTHPLACE (City and State or Foreign Country) Tennessee		12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME Alfred Mulcahy		13b. MOTHER'S MAIDEN NAME Kathlyn Gullinane		14. NAME OF HUSBAND OR WIFE Genevieve Mulcahy			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War 1		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Genevieve Mulcahy 6025 Pernod Ave.			
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) Acute Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH none					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4.201					
22. I hereby certify that I attended the deceased from 8-6 1945 , to 9-17, 1952 , that I last saw the deceased alive on 7-28, 1952 , and that death occurred at 1:00A m., from the causes and on the date stated above.							
23a. SIGNATURE Frank A. Bailey (Degree or title) MD				23b. ADDRESS 3108 So. Grand Blvd.		23c. DATE SIGNED 9-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Rail)		24b. DATE 9-18-52		24c. NAME OF CEMETERY OR CREMATORY Memphis, Tenn.		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. SEP 18 1952		REGISTRAR'S SIGNATURE J. Carl Smith, MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl			

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

33561 72 70P
JUL 27 1953

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.

Student

Student Embalmer

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.