

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **40545**  
 Registrar's No. **10572**

FILED DEC 2 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Flat River</b>	
c. LENGTH OF STAY (in this place) <b>11 days</b>		d. STREET ADDRESS (If rural, give location) <b>27 Congress St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri-Pacific Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Leonard</b> c. (Last) <b>Mulkey</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-14-52</b>
5. SEX <b>M</b>	6. COLOR OF FACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 27, 1916</b>
9. AGE (in years last birthday) <b>36</b>		10. IF UNDER 1 YEAR: Months Days Hours Mins.	
10a. USUAL OCCUPATION (If the kind of work done during the majority of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>railroad</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Esther, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>William R. Mulkey</b>		13b. MOTHER'S MAIDEN NAME <b>Dicie A. Marler</b>	
14. NAME OF HUSBAND OR WIFE <b>Alice Mae</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>492-16-6537</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Alice Mae Mulkey, Flat River, Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b> ANTECEDENT CAUSES DUE TO (b) <b>chronic nephritis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <b>HTA lines</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>S92X</b>			
22. I hereby certify that I attended the deceased from <b>11/3, 1952</b> , to <b>11/14, 1952</b> , that I last saw the deceased alive on <b>11/14, 1952</b> , and that death occurred at <b>6:05 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>B. H. Charles</b> (Degree or title)		23b. ADDRESS <b>1755 South Grand</b>	
23c. DATE SIGNED <b>11-15-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-15-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>City</b>		24d. LOCATION (City, town, or county) (State) <b>Desloge, Missouri</b>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington</b>			
DATE RECD BY LOCAL REG. <b>NOV 17 1952</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	

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

(Licensed Embalmer's Statement on Reverse Side)

**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

*John J. Heines*

Licensed Embalmer No. *45128*

P. O. Address *J. Heines, MO*

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.