

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

S. No. 300  
v. 10.48  
4000

11143

State File No. ....

XC 15 560 517  
Reg.# 105.916

BIRTH MO. DEC 2 1952 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2847

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BARRACKS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS,</u> <u>2079</u>	
c. LENGTH OF STAY (in this place) <u>14 days</u>		d. STREET ADDRESS (If rural, give location) <u>5622 GOODFELLOW AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HAL</u> b. (Middle) <u>FREEMAN</u> c. (Last) <u>MULBARGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-3-52</u>	
5. SEX <u>MALE</u> 0	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-21-81</u>
9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MEAT CUTTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>AURORA, INDIANA</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>JAMES E. MULBARGER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KILLEEN</u>	14. NAME OF HUSBAND OR WIFE <u>CHRISTINE MULBARGER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWI</u>		16. SOCIAL SECURITY NO. <u>493 03 0625</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>VA HOSPITAL RECORDS, JEFF. BKS, MO.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EMBOLISM, MASSIVE</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>POST OPERATIVE HERNIA REPAIR</u>  DUE TO (c) <u>5600</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIOSCLEROSIS, GENERALIZED</u>	
19a. DATE OF OPERATION <u>10-31-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>LARGE INGUINAL HERNIA BILATERAL</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>SUICIDE</u>	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?	
22. I hereby certify that I attended the deceased from <u>10-20-52</u> , 19 <u>52</u> , to <u>11-3-52</u> , 19 <u>52</u> , and that death occurred at <u>9:58A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>PHYSICIAN, M.D.</u>		23b. ADDRESS <u>VA HOSP. JEFF. BKS, MO.</u>	23c. DATE SIGNED <u>11-3-52</u>
24a. BURIAL / CREMATION / REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>11-6-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA - Chapel of Memories</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>
DATE REC'D BY LOCAL REG. <u>11-5-52</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edw Kodw &amp; Son - 3516 E. 14th.</u>	

521 (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 M. W. Ruster

Licensed Embalmer No. 4865

P. O. Address St Louis, 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.