

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 28 1954

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>317</u>  |  | PRIMARY REG. DIST. NO. <u>547</u>  |  | Registrar's No. <u>2214</u>   |  |
| 1. PLACE OF DEATH   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).   |  |   |  |
| a. COUNTY<br><b>St. Louis</b>   |  | b. STATE<br><b>Mo.</b>   |  | c. COUNTY<br><b>Mo.</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| b. CITY OR TOWN<br><b>Richmond Hts.</b>   |  | c. LENGTH OF STAY (In this place)<br><b>19 Days</b>  |  | c. CITY OR TOWN<br><b>St. Louis</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Mary's Hospital</b>   |  |  |  | STREET ADDRESS (If rural, give location)<br><b>6054 Pershing Ave. 2059</b>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)   |  |  | 4. DATE OF DEATH                                   |  |  | 5. SEX  |  |
| a. (First)<br><b>FRANCES</b>  |  | b. (Middle)<br><b>A.</b>   |  | c. (Last)<br><b>MULKEY</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Sep. 20 1954</b>  |  |
| 5. SEX<br><b>Female</b>   |  | 6. COLOR OR RACE<br><b>White</b>   |  | 7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b>   |  | 8. DATE OF BIRTH<br><b>Jan. 13, 1869</b>  |  |
| 9. AGE (In years last birthday)<br><b>85</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Redkey, Indiana</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country)   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 13a. FATHER'S NAME<br><b>Johnathon Jackson Kettelman</b>  |  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Catherine Bray</b> |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Late Frank G. Mulkey</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mab Mulkey 6054 Pershing Ave.</b>  |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  |  |  |  | MEDICAL CERTIFICATION  |  |   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u><br><br>ANTECEDENT CAUSES<br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arteriosclerosis, myocardial damage</u><br>DUE TO (c) _____ |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 days -</b>   |  |   |  |
|   |  |  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Colon -</u><br><b>37 yrs -</b> |  |   |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>4221X</b>   |  |  |  | 20. AUTOPSY?<br>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 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>6-14</u> , 1954, to <u>9-14</u> , 1954, that I last saw the deceased alive on <u>9-19</u> , 1954, and that death occurred at <u>1:00 A.m.</u> , from the causes and on the date stated above.   |  |  |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><b>Frances R. Pitclue M.D.</b>  |  |  |  | 23b. ADDRESS<br><b>5233 Westview Co. St. Louis</b>   |  | 23c. DATE SIGNED<br><b>9-20-54</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24b. DATE<br><b>Sep. 22, 1954</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Lebanon Cemetery</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co. Mo.</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>9/20/54</b>  |  | REGISTRAR'S SIGNATURE<br><b>Herbert R. ...</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Wiegshausen 4228 S. Kingshighway Bl.</b>  |  |   |  |

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.....  
Signature of Student Embalmer

Signed *William B White*.....

Licensed Embalmer No. *428*

P. O. Address *428 1/2 King*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.