

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1955

State File No. **35022**
Registrar's No. **9082**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 35022		Registrar's No. 9082	
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 town or township) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5132 Terry Ave.				e. STREET ADDRESS (If rural, give location) 5132 Terry Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Nellie			b. (Middle) C.		c. (Last) Mulcahy		4. DATE OF DEATH (Month) (Day) (Year) Oct. 15, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 11, 1884		9. AGE (In years) (Month) (Day) (Hour) (Min.) 71	IF UNDER 1 YEAR Months 1 Days 4	IF UNDER 24 HRS. Hours 4 Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME George Casey			13b. MOTHER'S MAIDEN NAME Stephanie Bushart			14. NAME OF HUSBAND OR WIFE William J.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. J. Mulcahy 5132 Terry Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach				INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
				ANCECEDENT CAUSES - Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Calcification of brain				1 mo.?	
				DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerotic Heart Disease				5 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 151x						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?					
22. I hereby certify that I attended the deceased from 5-1 , 19 53 , to 10-15 , 19 55 , that I last saw the deceased alive on 10-15 , 19 55 , and that death occurred at 6:30P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John V. Lawrence MD				23b. ADDRESS 3720 Washington Ave			23c. DATE SIGNED 10-17-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/19/55	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.				
DATE REC'D BY LOCAL REG. OCT 18 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. F. Stuart 1225 Union				

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Melvin F. Kemp*.....

Licensed Embalmer No. *405*.....

P. O. Address *3505 Oak St. Louis 20*.....

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.