

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38665

State File No.

318

1003

Registrar's No. **9744**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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 township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1388 ARLINGTON AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1388 ARLINGTON AVE.		d. STREET ADDRESS (If rural, give location) 1388 Arlington Ave. St. Louis, Mo.	

3. NAME OF DECEASED (Type or Print) KATE MULLEN			4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 4th, 1955		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Nov 14, 1884		9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) retired TELEGRAPH OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY A.G. Edwards Co.		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME MICHAEL MULLEN		13b. MOTHER'S MAIDEN NAME CATHERINE MUIRANEN		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME <i>Elizabeth E. Mullen</i> ADDRESS 1388 Arlington	

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) Ch. myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis 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	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 422.1		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?	

22. I hereby certify that I attended the deceased from **Sept 20, 1955**, to **Nov 3, 1955**, that I last saw the deceased alive on **Nov 2, 1955**, and that death occurred at **7P** m., from the causes and on the date stated above.

23a. SIGNATURE Aloysius AcWild (Degree or title)		23b. ADDRESS 422.1		23c. DATE SIGNED 11/7/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE NOV 9, 1955		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI					

DATE REC'D BY LOCAL REG. NOV 8 1955		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Bensieck Dickau</i> ADDRESS 1431 Union Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

6767-1-23
EMERALD T. ...

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 Paul A. Wachtel

Licensed Embalmer No. 4787

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.