

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18369**
Registrar's No. **4004**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4004	
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) 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 checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHN'S HOSPITAL				e. STREET ADDRESS (If rural, give location) 1226 SELLS AVE			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) P.		c. (Last) MULROONEY		4. DATE OF DEATH (Month) (Day) (Year) APRIL 20, 1956	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 11 24/1889	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLICE OFFICER			10b. KIND OF BUSINESS OR INDUSTRY METRO			11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> ST LOUIS, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME MICHAEL MULROONEY		13b. MOTHER'S MAIDEN NAME BRIDGET GODFREY		14. NAME OF HUSBAND OR WIFE ROSE MULROONEY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WORLD WAR I.		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ROSE MULROONEY			
ADDRESS 1226 SELLS AVE							
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITION Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
		Endocarditis; Gunshot wound of the thigh, (left); suffered injury shot with shotgun in hands of one, Jim Bradley, who died and killed by Thomas Drews, during holdup of tavern at 1544 North 9th Street about 605 a.m., Mar 16, 1956					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SHOT WOUND		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Tavern		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) St Louis Mo.		21d. (STATE) 981X	
21d. TIME OF INJURY Mar 16 56 6:25 AM		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Patrick C. Taylor Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 4.23.56	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/24/56		24c. NAME OF CEMETERY OR CREMATORY CAVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. APR 23 1956		REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL			
				ADDRESS 4600 NATURAL BRIDGE			

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.....
Signature of Student Embalmer

Signed *M. W. Rueter*

Licensed Embalmer No. *486*

P. O. Address *St Louis*

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.