

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044606

FILED VS DEC 12 1960

317

Primary Registration District No. 547

Registrar's No. 3418

STATE FILE NUMBER

UNDEED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY ST LOUIS	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Length of stay in lb Life	c. CITY OR TOWN University City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 6819 Crest Ave Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Timothy Middle Joseph Last Mullin			4. DATE OF DEATH Month November Day 22 Year 1960	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/25/1897	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) No	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) St. Louis Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Thomas Frederick Mullin	13b. MOTHER'S MAIDEN NAME Mary Sullivan	14. NAME OF HUSBAND OR WIFE Ellen F. Mullin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs Ellen F. Mullin 6819 Crest Ave
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation		INTERVAL BETWEEN ONSET AND DEATH Uncertain
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) AS CV disease	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus @ focal gastritis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None
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20c. TIME OF INJURY Hour 8 p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Oct 22, 1960 to Nov 22, 1960 and last saw her/him alive on Nov 22, 1960 Death occurred at 8 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. Oppenheimer, M.D.	22b. ADDRESS 35 N. Central Ave., Clayton, Mo	22c. DATE SIGNED Nov 25, 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/26/60	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, of county) (State) St. Louis Missouri
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24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd	25. DATE RECD. BY LOCAL REG. 11-25-60	26. REGISTRAR'S SIGNATURE J. M. [Signature]
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. H. E. Oppenheimer

35 No. Central

Pa. 5-9656

2 to 5:30 P.M.

Friday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed jos. e. mc culloch

Licensed Embalmer No. 2460

P. O. Address 6175 11th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.