

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045839

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11770

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
2 223
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4 0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

FILED DEC 12 1963

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb 18 Yrs. c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E/R to City Hosp. Inside Limits Yes No d. STREET ADDRESS (If outside, give location) 1917a S. 12th St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last ALBERT ROSS MULLINS 4. DATE OF DEATH Month Day Year Nov. 28, 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1/12/06 9. AGE (last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hi-Lift Operator 10b. KIND OF BUSINESS OR INDUSTRY American Car 11. BIRTHPLACE (City and state or country) Oklahoma 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Albert Mullins 13b. MOTHER'S MAIDEN NAME Birdie Mainard 14. NAME OF HUSBAND OR WIFE Edna Mae Mullins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) 16. SOCIAL SECURITY NO. 17. INFORMANT Address St. Louis, Mo. Edna Mae Mullins, 1917a S. 12th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis.
DUE TO (b) Contributing Cause - Arterio Sclerosis.
DUE TO (c) 420.1
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at _____ 254 A _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Joseph D. Deum Deputy 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 11-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 12-2-63 23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery 23d. LOCATION (City, town, or county) St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS McLaughlin Funeral Home, Inc. 25. DATE RECD. BY LOCAL REG. NOV 29 1963 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

2301 Lafayette, St. Louis, Mo

007-10-700

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 James R. Chapman

Licensed Embalmer No. 4550

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

St. Louis Co. 10

St. Trinity Cemetery

15-2-23

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