

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

21834

1. PLACE OF DEATH

County.....

Registration District No.....

Towaship.....

Primary Registration District No.....

City.....

(No. *City of St. Louis*)

File No.....

Registered No.....

5948

St.....

Ward.....

2. FULL NAME

(a) Residence. No. *5000 rung* St. *12* Ward.

(Usual place of abode)

Length of residence in city or town where death occurred *12* yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*Male*

4. COLOR OR RACE

*White*

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

IF LESS THAN 1 day, hrs. or min.

*31*

*4*

*10*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

*Switchevan*

(b) General nature of industry, business, or establishment in which employed (or employee)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*Illinois*

10. NAME OF FATHER

*John Mulvihill*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Ireland*

12. MAIDEN NAME OF MOTHER

*Davison*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*England*

14.

INFORMANT

(Address)

*City of St. Louis*

15.

FILED

*June 7 1928*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

*June 1 1928*

17.

I HEREBY CERTIFY That I attended deceased from *May 22*, 19*28* to *June 1*, 19*28* that I last saw him alive on *June 1*, 19*28* and that death occurred, on the date stated above, at *3:20* p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

*Bronchial Pneumonia*

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

*6/1* (Signed) *Robert A. Simpson*, M. D. , 19*28* (Address) *City of St. Louis*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

*De Quoin, Ill*

*June 7 1928*

20. UNDERTAKER

ADDRESS

*Mullen Und. Co.*

*5165 Delmar*

Mulhills