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

Do not use this space.

3387

File No. .....

Registered No. 615

1. PLACE OF DEATH

County ..... Registration District No. 797

Township ..... Primary Registration District No. 2700 [illegible]

City St. Louis (No. Wilman Bro. Hosp. St. ..... Ward)

2. FULL NAME Stephen C. Mullen

(a) Residence. No. 7122 Pritger St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	48	0	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Fur handler
(b) General nature of industry, business, or establishment in which employed (or employer) Labor
(c) Name of employer 1947

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Michael Mullen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Elizabeth Salmon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland.

14. INFORMANT A. Mullen
(Address) 3432 Otsego St.

15. FILED 1-16-31, 19 Ray C. Hardy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 14 1931

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
that I last saw h..... alive on ..... 19....., and that death occurred, on the date stated above, at 10:17 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Haemorrhage (Fractured Skull) received in falling to floor at 3rd Dist. Jail (Address) [illegible]

CONTRIBUTORY (SECONDARY) Accident
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 1866
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Lerner M.D.
1/16, 1931 (Address) Dep. Coroner

*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 Calvary Cem.

DATE OF BURIAL 1-17 1931

20. UNDERTAKER Nitt Bros. L. & H. Co.

ADDRESS 2929 S. Jefferson Av.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.