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

Do not use this space.

File No. 42077

Registered No.

1. PLACE OF DEATH
County: St Louis
Township: ~~(Clayton)~~ Central
City: Clayton (No. 40 Broadview St. Ward)
Registration District No. 790
Primary Registration District No. 6033

2. FULL NAME: Erne E. McMullen

(a) Residence. No. 40 Broadview St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9/6/1884

7. AGE: Years 47 | Months 2 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: President
(b) General nature of industry, business, or establishment in which employed (or employer): McMullen Printing Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Barnesville
(STATE OR COUNTRY): Ohio

PARENTS
10. NAME OF FATHER: Thomas C. McMullen
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Woodsfield
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Margaret Hawiler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Woodsfield
(STATE OR COUNTRY): Ohio

14. INFORMANT: Katherine McMullen
(Address): 40 Broadview - Clayton Mo

15. FILED Dec 4, 1931 K W Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1931 to Dec 3, 1931 that I last saw him alive on Nov. 20, 1931, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Apoplexy
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) A A Benke, M. D.
12/4/31, 19 (Address) 2206 Howard St.

*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: Oak Grove Mausoleum
DATE OF BURIAL: Dec 5 1931

20. UNDERTAKER: Alexander and Sons
ADDRESS: 6175 Delmar

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

DEC 26 1931