

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

Do not use this space.

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.

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 170
 Township Central Primary Registration District No. 6248 H
 City Richmond Hgts. (No. St. Mary's Hospital) St. _____ Ward _____
 2. FULL NAME John L. Mulroy
 (a) Residence, No. 413 Marion Ct. St. _____ Ward Webster Groves Mo.
 (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.

File No. 17776
 Registered No. 97

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 Delia Mulroy
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 4 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. post-office
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Data deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

FATHER 13. NAME John J. Mulroy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Wall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Catherine Mulroy
 (ADDRESS) 413 Marion Ct.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE May 18, 1933

19. UNDERTAKER Croghan Und. Co Inc
 (ADDRESS) 7146 Manchester Ave.

20. FILED 5/17, 1933 Roth J. Ambush
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1933
 22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932, to May 16, 1933
 Last saw him alive on May 16, 1933 Death is said to have occurred on the date stated above, at 8:10 a.m.
 The principal cause of death and related causes of importance were as follows:
 Date of onset

Carcinoma of stomach with extensive secondary metastasis and inanition
 Other contributory causes of importance: none

Name of operation Exsiccation Date of July 27, 1932
 What test confirmed diagnosis? Microscopic Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W.F. McElroy, M. D.
 (Address) 6715 Big Bend Rd

