

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St Louis** (No. **Em Route City Hospital #2**) St. Ward)

File No. **24913**
 Registered No. **6330**

2. FULL NAME

Joseph M. Mulline
 (a) Residence, No. **28319 Clark** St. **18** Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **Unknown** yrs. How long in U. S., if of foreign birth? mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ruby M. Mulline**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 5th 1904**

7. AGE YEARS **28** MONTHS **11** DAYS **11** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Robber**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Garage**

10. Date deceased last worked at this occupation (month and year) **11/27/33** 11. Total time (years) spent in this occupation **11**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jackson Tenn**

13. NAME **Joseph M. Mulline**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jackson Tenn**

15. MAIDEN NAME **Alice Lee**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jackson Tenn**

17. INFORMANT (ADDRESS) **Ruby M. Mulline 7112 N. Hudson**

18. BURIAL CREMATION, OR REMOVAL PLACE **Jackson Tenn** DATE **July 22, 1933**

19. UNDERTAKER (ADDRESS) **Chas J. Geis 4107 2nd St**

20. FILED 19 **33** **J. P. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 16, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **1933**, 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **3:38** m.

The principal cause of death and related causes of importance were as follows:

Haemorrhage due to severed femoral artery (right leg) (12 wife) 1933
 Other contributory causes of importance: **1050 Homicide**
 Date of onset **1933**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **Yes** Date of injury **7/16, 1933**

Where did injury occur? **St. Louis Mo**
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **stabbed by person**
 Nature of injury **severed femoral artery (right leg)**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....

(Signed) **Ruby M. Mulline**
 (Address) **7112 N. Hudson**

9/17/33

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

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 cause of death is very important.

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