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.

AUG 26 1933

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

Do not use this space.

25151

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 25151

Township ..... Primary Registration District No. ..... Registered No. 6575

City St Louis (No. En Route to City Hosp St. ..... Ward)

2. FULL NAME Michael Mullins

(a) Residence, No. 1110 S. 13th St St., W Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 1888

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	44	10	6	

OCCUPATION

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

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

10. Date 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) Ireland

FATHER

13. NAME Edw. Mullins

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

MOTHER

15. MAIDEN NAME Margaret O'Donnell

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

17. INFORMANT (ADDRESS) Margaret Kelly 2830 St. Vincent

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE 7-31 1933

19. UNDERTAKER (ADDRESS) Peet Bros 3029 S Lafayette Ave

20. FILED JUL 29 1933 19 J. B. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1933

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

I last saw h..... alive on ..... 6 30 P.M. Death is said to have occurred on the date stated above, at ..... m.

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

Haemorrhage into brain and meninges
Laceration of brain
175 B
89 A

Date of onset

Other contributory causes of importance:

Homicide

175

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? 4 a

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 1/28, 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 Struck on head with Club

Nature of injury Haemorrhage of brain

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John J. Sweeney M.D.

(Address) Deputy Coroner

1/29/33