

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 OCCUPATION is very important.

MAR 3 1935

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

Do not use this space.

6758

1. PLACE OF DEATH

County St. Louis
Township Central
City Creve Coeur

Registration District No. 789
Primary Registration District No. 6033
No. Creve Coeur Mo. Rd.

File No. _____
Registered No. 60
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Creve Coeur Mo. Rd. 1
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Creve Coeur, Mo.

FATHER 13. NAME Charles Mc Mullen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) University City Mo.

MOTHER 15. MAIDEN NAME Helen Margaret Sandoz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Mo.

17. INFORMANT Fred Sandoz
(ADDRESS) Creve Coeur Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Will Bur DATE 2/25/1935

19. UNDERTAKER Barnham Bros
(ADDRESS) Overland, Mo.

20. FILED 2-25-1935 W. B. Schma
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1935 to Feb 23, 1935

I last saw him alive on Feb 23, 1935 Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Prematurity Date of onset

Other contributory causes of importance:

None

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

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? _____

If so, specify _____

(Signed) Royal C. Mc Lien, M. D.
(Address) Creve Coeur, Mo.

