OCT 21 1936

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

Do not use this space.

35463

1. PLACE OF DEATH
County St. Louis — Registration District No. 786
Township — Primary Registration District No. 4469 — File No.
City St. Louis (No. ~~St. Paul Hospital~~ 3604 Oxford St. Ward) — Registered No. 73

2. FULL NAME Michael J. McNulty
(a) Residence, No. 3604 Oxford Blvd. St. Maplewood. N.R. 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: Deborah McNulty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 6 - 1870
7. AGE: Years 65, Months 11, Days 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plasterer
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): St. Louis, Mo

FATHER
13. NAME: Michael McNulty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Ann Noonan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mr Deborah McNulty
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Sept-7-36
19. UNDERTAKER (ADDRESS): Arthur J. Donnelly 3840 Windell Blvd
20. FILED: Oct 10 1936 Pauline Breitwiser Registrar.
SEP 4 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 4th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1936, to Sept 4, 1936
I last saw h. m. alive on Sept 4, 1936 Death is said to have occurred on the date stated above, at 2.30 A.m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris — Date of onset Sept 4 1936
Other contributory causes of importance: General Arteriosclerosis
Name of operation: none Date of —
What test confirmed diagnosis? Physical Findings Was there an autopsy? no

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) Vincent Townsend, M. D.
(Address) 3101 Sutton Ave Maplewood Mo

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.

Dr. Vincent Townsend
3101 S Sutton Ave.
Hi 3250

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