

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.

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

Do not use this space.

DEC 3 1936

43050

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. St. Anthony Hospital

File No.....
Registered No. 11625
St. Ward)

2. FULL NAME Virginia Mullman

(a) Residence, No. 3314 Magnolia St., Ward. 16

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1936, to 11-23-1936

I last saw her alive on 11-23-1936. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 10, 1919

to have occurred on the date stated above, at 3:45 a.m.

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 7 13

Date of onset 11/16/36

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

Other contributory causes of importance: 108

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

13. NAME Edward Roesch

Name of operation None Date of

14. BIRTHPLACE (CITY OR TOWN), STATE OR COUNTRY Jefferson Co., Mo.

What test confirmed diagnosis? Rheum fever Was there an autopsy? No

15. MAIDEN NAME Ellen Dellinger

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

16. BIRTHPLACE (CITY OR TOWN), STATE OR COUNTRY Fredericktown, Mo.

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Albert P. Mullman (ADDRESS) 3314 Magnolia

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE New SSPeter & Paul date Nov. 27 1936

Nature of injury

19. UNDERTAKER Wacker-Helderle U. & L. Co. (ADDRESS) 2331 So. Broadway

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

20. FILED NOV 24 1936 J. H. Bredeck Registrar.

If so specify

(Signed) A. J. ... M. D. (Address) 3958 S. Grand St.

