

NOV 15 1937

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

35869
Do not use this space.

1. PLACE OF DEATH

(a) County: Registration District No. 1003
(b) Township: Primary Registration District No. Registered No. 9446
(c) City: St. Louis (d) Street No. 5706 Finkman Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John S. Mulvoy

(a) Residence, No. 5706 Finkman Ave. St. 2 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Agnes Mulvoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25th. 1893.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 8 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Captain
9. Industry or business in which work was done, as saw mill, bank, etc. Fire Dept.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation City of St. Louis.

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

13. NAME John Mulvoy

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

15. MAIDEN NAME Delia Walsh

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

17. INFORMANT Agnes Mulvoy
(ADDRESS) 5706 Finkman Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Oct. 12th. 1937

19. FUNERAL DIRECTOR Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED OCT 10 1937 J. B. Bredbeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar. 7, 1933 to Oct. 8, 1937

I last saw him alive on Oct. 7, 1937. Death is said to have occurred on the date stated above, at 11:35 A.M.
The principal cause of death and related causes of importance were as follows:

Chor. Myocarditis
myocardial degeneration with acute dilatation

Date of onset Feb. 26, 1936

Oct. 3, 1937

Other contributory causes of importance:
Glomerular nephritis with Hypertension Feb. 28, 1935
Acute Bronchitis Mar. 7, 1933

Name of operation none Date of
What test confirmed diagnosis? Physical History (If there an autopsy?) No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19.....
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

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

(Signed) J. B. Bredbeck, M. D.
(Address) 508 N. Grand Blvd.

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.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Hyland, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 2645 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Frank J. Hyland
Licensed Embalmer No. 2645

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)