

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

36302
Do not use this space.

NOV 15 1937

791

1. PLACE OF DEATH

(a) County Registration District No. 1003
(b) Township Primary Registration District No. 1003
(c) City ST LOUIS Mo. (d) Street No. DE PAUL HOSPITAL 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

CHARLES ESTES McNULTY
(a) Residence, No. 4923 FOUNTAIN St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE
4. COLOR OR RACE WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) CHILD

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22-1937

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

22. I HEREBY CERTIFY, That I attended deceased from 12-22-1926, to 10-22-1937
I last saw him alive on 10-8-1937. Death is said to have occurred on the date stated above, at 9:45 A.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 21, 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10 1

Acute Bronchitis
Mild Myeloccephalic
Status Epilepticus
1570
Date of onset 10-22-12-22-36

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CHILD
9. Industry or business in which work was done, as bank mill, saw, 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:
Status Thyro-Lymphatic 10-22
Pneumonia
Respiratory muscle paralysis 12-22-36
Name of operation Date of operation
What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS Mo

13. NAME CHARLES Mc NULTY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS, Mo

15. MAIDEN NAME ELSIE ESTES

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OAKTON Ky.

17. INFORMANT (ADDRESS) MR CHARLES Mc NULTY 4923 FOUNTAIN

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE OCT 25TH 1937

19. FUNERAL DIRECTOR (ADDRESS) MULLEN BROS 4259 LINDELL BVD

20. FILER OCT 25 1937 J. E. Bredeck Local Registrar

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) P. L. Dams, M. D.
(Address) 1722 2nd St. St. Louis

STATEMENT BY LICENSED EMBALMER

I, Wm Rogers, Licensed Embalmer No. 3905

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Wm Rogers
Licensed Embalmer No. 3905

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.)