

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.

DEC 13 1937

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

39386
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791 2**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis**..... (d) Street No. **4932 Berthold Ave.** Registered No. **10373**
(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 **Patrick Mulroy**

(a) Residence, No. **4932 Berthold Ave.** St. **4**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Delia Mulroy**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 15, 1865**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Stationary Fireman**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) **12-7-36** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

13. NAME **Mark Mulroy**

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

15. MAIDEN NAME **Margaret Igoe**

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

17. INFORMANT **Delia Mulroy** (ADDRESS) **4932 Berthold Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **11-10-37**

19. FUNERAL DIRECTOR **Kriegshauser Mortuaries** (ADDRESS) **4228 So. Kingshighway**

20. FILED **NOV 8 1937** **J. P. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 7, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **5-11-1937 to 11-7-1937**
I last saw him alive on **11-6-1937** Death is said to have occurred on the date stated above, at **4 P.M.**
The principal cause of death and related causes of importance were as follows:

Epithelioma of throat
throat cancer
primary seat under tongue
Date of onset **April 1937**
Other contributory causes of importance: **none**

Name of operation **Excision** Date of operation **May 27**
What test obtained during or after autopsy? **clinical & microscopic**

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? **no**
If so, specify.....
(Signed) **E. E. Edwards**, M. D.
(Address) **1030 Montrose**

2-5

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

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

working under my personal supervision.

Signed

Edwin M. Bernath

Licensed Embalmer No. 3024

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.)