

DEC 28 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH42459
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 790
 (b) Township Clayton Primary Registration District No. 6033A Registered No. 436
 (c) City Clayton (d) Street No. St. Louis Cemetery FAYOS PITALS 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

LENA MULDOON
 (a) Residence, No. 4026 BOTANICAL AV. St. (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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 30-1865

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
72 5 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. HOUSEKEEPER
 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) MISSOURI

FATHER 13. NAME Philip JAEGER

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

MOTHER 15. MAIDEN NAME ANNA UNKNOWN

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

17. INFORMANT (ADDRESS) John H. WILLMORE
4219 CHOUTEAU AV.

18. BURIAL, CREMATION, OR REMOVAL PLACE BELLEFONTAINE DATE NOV. 26, 1937
CENI

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schnur
3125 LA FAYETTE AV.

20. FILED 11/26 37 Dr. J. Agnelli
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 6:50 p.m.

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

automobile accident struck by an automobile while at pedestrian on a public highway Date of onset 11/22/37

Other contributory causes of importance:

Multiple fractures Pneumothorax 11/22/37

Name of operation None Date of _____

What test confirmed diagnosis Physic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11/22, 1937

Where did injury occur? Wellston Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by automobile

Nature of injury Multiple fractures

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) John O. Cornell M.D.

(Address) Coroner, St. Louis Co.

STATEMENT BY LICENSED EMBALMER

I, James Sullivan, Licensed Embalmer No. 2260
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James Sullivan
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed James Sullivan
Licensed Embalmer No. 2260

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.)