

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.

REC'D MAY 10. 1938

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

12982
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City, *St. Louis Mo.* (d) Street No. *Hotel Marquette 18th at Washington* St. **3586**
 (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

(a) Residence, No. *452* St. **WA** *Nashville Tenn.*
 (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 *Myrtle Taylor Mullens*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-5-1890*
 7. AGE YEARS *48* MONTHS *1* DAYS *11* If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Traveling*
 9. Industry or business in which work was done, as saw mill, bank, etc. *Salesman*
 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) *State Springs Tenn.*

FATHER 13. NAME *Clyde Mullens*

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

MOTHER 15. MAIDEN NAME *Maggie Kirkpatrick*

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

17. INFORMANT (ADDRESS) *Mrs Myrtle Mullens Nashville Tenn.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Van Leer Tenn* DATE *4-20* 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Dickson and Co Dickson Tenn.*

20. FILED **APR 18 1938** *J. D. Beecher* Local Registrar.

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-16-38* 19
 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 **10:10 A.M.**
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.
Chronic Nephritis.

Other contributory causes of importance: *1/2/1*
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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) *Joseph M. Dwyer, M.D.*
 (address) *Dwyer's Corner*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Thomas R. Remond*

Licensed Embalmer No. *3793*

P. O. Address *St. Louis Mo.*

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.)

If this body is not embalmed, above space should be left blank.