

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

17352
Do not use this space.

791
1008

4886

1. PLACE OF DEATH **REC'D JUN 17 1939**

(a) County **St. Louis** Registration District No. _____
 (b) Township **St. Louis** Primary Registration District No. _____
 (c) City **St. Louis** (d) Street No. **Deacones 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 **Harvey J. Mc.Mullen Jr.**
 (a) Residence, No. **5507A Partridge.** St. **7** (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 **Catherine Cowick Mc.Mullen**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 2, 1916**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
22	7	7	26	

OCCUPATION
 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. **Armour Packing Co.**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

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

FATHER
 13. NAME **Harvey J. Mc.Mullen**
 14. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

MOTHER
 15. MAIDEN NAME **Marvel Meyer**
 16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Walter Cowick** (ADDRESS) **5507A Partridge**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem. May 31, 1939**

19. FUNERAL DIRECTOR (NAME) **Stroot Carroll** (ADDRESS) **4600 Natural Bridge**

20. FILED **MAY 29 1939** **J.P. Brubaker** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 28, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **May 18 - 39**, 19____, to **May 28**, 19____.

I last saw him alive on **May 27**, 19____. Death is said to have occurred on the date stated above, at **11:4 a.m.**

The principal cause of death and related causes of importance were as follows:
Cholecystitis Acute
127
 Other contributory causes of importance: **Acute Nephritis - 5/19/39**
1 Cause unknown

Name of operation **Cholecystectomy w/ stones** Date of **May 18/39**
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

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) **Wm. A. Howard**, M. D.
 (Address) **Metropolitan Bldg. St. Louis**

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 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 *Sheldon Callier*.....

Licensed Embalmer No. *3382*.....

P. O. Address.....

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.