

REC'D SEP 14 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City **St. Louis, Missouri**

No. **St. Louis Maternity Hospital**

File No. **27356**

Registered No. **6856**

St. _____ Ward)

2. FULL NAME **450 Infant Mullane**

(a) Residence, No. **1508 Agnes St.**

St. **26**

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 14 1939**

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Saint Louis, Missouri**

13. NAME **Mullane, Richard**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri**

15. MAIDEN NAME **Eckert, Virginia Alma**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri**

17. INFORMANT **Richard Mullane**

(ADDRESS) **1508 Agnes St.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Wash. Univ.** DATE **7-14 1939**

19. UNDERTAKER **Dept. of Pathology**

(ADDRESS)

20. FILE **AUG 7 1939**

J. B. Bickel
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 14 1939**

22. I HEREBY CERTIFY, That I attended deceased from **7-14 1939** to **7-14 1939**

I last saw h. t. m. alive on **7/14/39**, 19**39**. Death is said

to have occurred on the date stated above, at **4:00 a.m.**

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

Prima viarum
Male with gestation
and of mother

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) **W. H. Bay ward**, M. D.

(Address) **St. Louis, Wash. Univ.**

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.

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