

OCT 10 1939

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

33426
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6076A
 (c) City or near Farmington (d) Street No. State Hospital No. 4 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 Joe Mulvihill
 (a) Residence, No. Ferguson, Mo., 411 Darst Road St.
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-29-1904
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 35 6 29
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 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)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
 FATHER 13. NAME Thos. M. Mulvihill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
 MOTHER 15. MAIDEN NAME Frances Marie Gardiner
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri
 17. INFORMANT Records of State Hospital No. 4
 (ADDRESS) Farmington, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cemetery DATE Sept. 30, 1939
St. Louis, Mo.
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alfred F. Boedeker
St. Louis, Mo.
 20. FILED Sept 30, 1939 T. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 8-23, 1939 to 9-28, 1939
 I last saw him alive on 9-27, 1939. Death is said to have occurred on the date stated above, at 2:30 a.m.
 The principal cause of death and related causes of importance were as follows:
General paralysis (Parisis) Date of onset 1938
 Other contributory causes of importance: None
 Name of operation None Date of no
 What test confirmed diagnosis clin & lab 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? None (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) G. Tivis Graves, Jr., M. D.
 (Address) Farmington, Mo.

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie St. Lawrence, 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.