DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4646

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1476

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Infirmary 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 30 days (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME 450 Joseph Mullin

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 8 (Day) 1871 (Year)

8. AGE: Years 68 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Penn. 1 (State or foreign country)

10. Usual occupation None 5

11. Industry or business

FATHER
12. Name Michael Mullin 1
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Elizabeth Salmin
15. Birthplace Unknown (City, town, or county) Penn. (State or foreign country)

16. (a) Informant's own signature J. G. Sullivan
(b) Address 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Witt Bros. L & N Co
(b) Address 2929 S. Jefferson Av.

19. (a) FEB 13 1940 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1940 hour 8:30 minute A.M.

21. I hereby certify that I attended the deceased from Jan. 12, 1939 to Feb. 11, 1940
that I last saw him alive on Feb. 11, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Degenerative Heart Disease	
Due to Arteriosclerosis	
Due to	
Other conditions Syphilis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence None
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Geo. S. Brazelio M.D. (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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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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 Edgar F. Mitt

Licensed Embalmer No. 2117

P. O. Address 2929 S Jefferson Av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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