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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34198

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8895

FILED NOV 16 1940

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 6
(If outside city or town limits write "RURAL")

(d) Street No. 5092 Wells 0
(If rural, give location)

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

3. (a) PRINT FULL NAME John J. McMullen

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rose McMullen

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

7. Birth date of deceased December (Month) 22 (Day) 1857 (Year)

8. AGE: Years 82 Months 10 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Lieutenant of Police (Retired)

11. Industry or business St. Louis Metropolitan 0

MOTHER FATHER

12. Name John Mc Mullen 5

13. Birthplace Ireland 5
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Redmond

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant James J. Mc Mullen

(b) Address 4883a Farlin

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. S. Stuart

(b) Address 1225 Union Blvd.

19. (a) OCT 29 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1940 hour 4:20 minute A. M.

21. I hereby certify that I attended the deceased from October 4th 1940, 19__, to Oct 27th, 1940 that I last saw him alive on Oct 26th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Mitral Regurgitation	2 years
Coronary Sclerosis	1 year
Due to Arterio Sclerosis	5 years
Due to Cystitis, Prostatic Hypertrophy	5 years
Other conditions (Include pregnancy within 3 months of death) non catarrhal non gonococcal	
Major findings: and non tubercular	
Of operations None	
Of autopsy None	

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

(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 J. F. Gallagher (M. D. or other)

Address 3963 Olive Date signed 10/28/40

(Licensed Embalmer's Statement on Reverse Side)

Vandeveer & Co.

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 Albert E. Hopper

Licensed Embalmer No. 297.

P. O. Address .....

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

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