

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5015

State File No. 1263

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No.

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:
4932 Berthold Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Delia Mulroy

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Patrick Mulroy 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 11th 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 27 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Igoe
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Cavanaugh
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Margaret Mulroy
(b) Address 4932 Berthold Ave.

17. (a) Burial (b) Date thereof 2-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar
(b) Address 4228 So. Kingshighway Blyd.

19. (a) FEB 7 1941 (b) J. Thredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 417
(d) Street No. 4932 Berthold Ave.
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th
year 1941 hour 12:10 minute A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to Feb 6, 1941;
that I last saw her alive on Feb 6, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis, Interstitial

Due to hypertension & arteriosclerosis

Due to Diabetes

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 57

Duration
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) no
(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 C. C. White (M. D. or other) _____
Address 1114 W. Theatre Bldg. Date signed _____

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

00
17
9

FILED MAR 25 1941

No sheets left
Fr 5-5-88 until 1/2 30

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 *Edwin W. Mc Dermott*

Licensed Embalmer No. *3024*

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, fact should be so stated above.