

No. 2  
-1-4-41  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16379

Registration District No. 291

Primary Registration District No. 1003

Registrar's No. 3897

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 Days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

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")  
(d) Street No. 5819 Arsenal  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1941 hour 11:20 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from April  
28, 1941 to May 6, 1941  
that I last saw him alive on May 6, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Carcinoma of Caecum with metastases to liver  
Chronic myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature James P. Murphy (M. D. or other)  
Address 153 Lafayette Avenue Date signed 5/6/41

3. (a) PRINT FULL NAME Edmund Mulhall  
(b) If veteran, name war nil  
(c) Social Security No. nil

4. Sex Male 5. Color of race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Lilly  
(c) Age of husband or wife if alive 63 years  
7. Birth date of deceased May 8 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 29  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis 0 mo  
(City, town, or county) (State or foreign country)

10. Usual occupation clerk

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Frank  
13. Birthplace St. Louis 0 mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Theresa Stover  
15. Birthplace St. Louis 0 mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lilly Mulhall

(b) Address 5819 Arsenal

17. (a) burial (b) Date thereof 4-9-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Miller Bros

(b) Address 427 1/2 Grand  
19. (a) MAY 8 1941 (b) J. P. Braddock  
(Date received local registrar) (Registrar's signature)

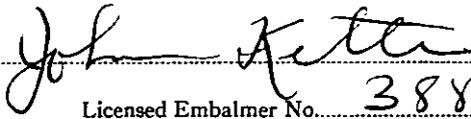
(Licensed Embalmer's Statement on Reverse Side)

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

**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..... .....  
Licensed Embalmer No. 3880

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.**