

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26712
Registrar's No. 6504

Registration District No. 1941 791

Primary Registration District No. 1003

1. PLACE OF DEATH: 17 1941
(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:
St. Johns Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks.
In this community..... 0
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED: 6011
(a) State..... Mo. (b) County.....
(c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 6033a McPherson Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8th.
year 1941 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from
July 5 - 1941 to 8/8/41 1941;
that I last saw him alive on 8/7/41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Multiple abscesses of the liver
Due to Obstruction of common duct by stone.

Duration

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

Major findings:
Of operations..... 126
Of autopsy..... yes

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 C.H. Wilson (M. D. or other) D
Address Hammett Bldg Date signed 8/27/41

3. (a) PRINT FULL NAME John F. Muldoon.

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna E. Muldoon. 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Unknown 1889
(Month) (Day) (Year)

8. AGE: Years 72 Months Unknown Days Unknown If less than one day hr. min.

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

10. Usual occupation Retired Credit Manager.

11. Industry or business Simmons Hardware Co.

12. Name Patrick Muldoon. 4

13. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Kelly. 4

15. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna E. Muldoon.

(b) Address 6033a McPherson Ave.

17. (a) Burial (b) Date thereof 8-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) AUG 17 1941 (b) J. J. Fredick
(Date received local registrar) (Registrar's signature)

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

60
17
9

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lindell

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.