

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

658

689

FILED FEB 24 1942

Registration District No.

791

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5104 Cabanne Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 75 Years
(Specify whether
In this community 75 Years
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. 5104 Cabanne Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas E. Mulvihill

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

4. Sex M. 5. Color or race W.
6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Catherine D. Mulvihill
6. (c) Age of husband or wife if alive 72 Years

7. Birth date of deceased May 25 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 7 25 hr. min.

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

10. Usual occupation Attorney

11. Industry or business

12. Name Lawrence Mulvihill

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

14. Maiden name Mattie Finucane

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

16. (a) Informant Mrs. Catherine D. Mulvihill

(b) Address 5104 Cabanne Ave.

17. (a) Burial (b) Date thereof 1-23-42
(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 Lindbergh Blvd

19. (a) JAN 22 1942 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20th
year 1942 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from many years
1920 to Jan 20 1942
that I last saw him alive on Jan 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Due to

Due to

Other conditions Generalized arterio-sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations AD

Of autopsy

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 Joe L. Brown (M. D. or other)

Address 6651 Enright Date signed 1-21-42

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

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17
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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

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.