

STANDARD CERTIFICATE OF DEATH

4668

State File No. \_\_\_\_\_

FILED MAR 17 1942 791

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 1623

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:  
2617 WARNE 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2617 WARNE  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME ARTHUR Joseph McMulley

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. AB6-16-4512

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

6. (b) Name of husband or wife if alive FLORENCE McMulley 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased 1-13-1880  
(Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation LABORER

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

12. Name DANIEL McMULLEN

18. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

14. Maiden name MARY McILKINNY

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

16. (a) Informant MRS. FLORENCE McMULLEN

(b) Address 2617 WARNE

17. (a) BURIAL (b) Date thereof 2-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director SULLIVAN

(b) Address 2849 No. Euclid Ave

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20<sup>th</sup>  
year 1942 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Coronary Thrombosis

Due to \_\_\_\_\_

Due to g/a

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations g/a  
Of autopsy g/a

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) (c) Means of injury \_\_\_\_\_

23. Signature Thomas J. Callahan (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 2/22/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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

*Albert Mayfield*

Licensed Embalmer No.

P. O. Address

*3077  
St Louis Mo*

**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, above space should be left blank.**