V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12011

FILED APR 20 1942

Registration District No. 184 Primary Registration District No. 115 Registrar's No. 830

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University Vity, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6310 Olive St. Road (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 Mo. (b) County St. Louis 96

(c) City or town University City 3 (If outside city or town limits, write "RURAL")

(d) Street No. 6310 Olive St. Road 5 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles J. McMullen.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie McMullen

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 14, 1875. (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	0	28	hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Charles McMullen
13. Birthplace (City, town, or county) Unkown (State or foreign country)

MOTHER
14. Maiden name ? Montague
15. Birthplace (City, town, or county) Unkown (State or foreign country)

16. (a) Informant Mrs. Nellie McMullen

(b) Address 6310 Olive St. Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 13/42 (Month) (Day) (Year)

(c) Place: burial or cremation Clavary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) APR 11 1942 (Date received local registrar) (b) E. G. McGovran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1942 hour 4.00 minute A.M. M.

21. I hereby certify that I attended the deceased from Jan, 1942, to April 11, 1942 that I last saw him alive on April 9, 1942, 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Anteris Sclerotic	
Due to Heart Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Carl J. Ellis (M. D. or other)

Address Humboldt Bldg Date signed 4/11/42

(Licensed Embalmer's Statement on Reverse Side)

707

Dr. O.P Falk
3604 Washington
Je. 1800

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 J. G. Sullivan

Licensed Embalmer No. 1122

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.