

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 21 1942

Registration District No. 749

Primary Registration District No. 6024A

Registrar's No. 10

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Desloge 1710
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bond Branch Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community about 60 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 94
(c) City or town (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Walter S. Mull

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

4. Sex Male 0 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah Jane Mull 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April 14 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 13 If less than one day hr. min.

9. Birthplace St. Louis O.M.O.
(City, town, or county) (State or foreign country)

10. Usual occupation retired mill man

11. Industry or business St. Joseph Lead Co.

MOTHER FATHER
12. Name Bill Mull
13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Taylor
15. Birthplace Don't know 4
(City, town, or county) (State or foreign country)

16. (a) Informant Sarah Mull

(b) Address Desloge Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof April 29 1942
(Month) (Day) (Year)

(c) Place: burial or cremation St. Francois

18. (a) Signature of funeral director E. Z. Bayer

(b) Address Desloge Mo.

19. (a) 4-29-42 (b) Byrdie Buhrmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 27
year 42 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from 4-25 1942 to 4-27 1942
that I last saw him alive on 4-26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Extra cranial hemorrhage Duration 2d

Due to arterio-sclerosis general

Due to

Other conditions myocardial infarction
(Include pregnancy within 3 months of death)
and chf with nephritis

Major findings:
Of operations
Of autopsy 121d

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) (M. D. or other)

23. Signature W. O. Garbe (M. D. or other) 0

Address Desloge Mo Date signed 4-27-42

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

94000

RECEIVED

District Health Officer No. 4
District File Number 542-55
Date Filed 5-12-42

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 C. Z. Boyer
Licensed Embalmer No. 1671
P. O. Address Douglas 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, fact should be so stated above.