S. No. 2
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PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1942 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22979

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 6357

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: 4274 St. Louis Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 11 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4274 St. Louis Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Agnes G. Mulroy

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas Mulroy

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

7. Birth date of deceased Feb. (Month) 12 (Day) 1874 (Year)

8. AGE: Years 68 Months 5 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

FATHER
12. Name John Bolin
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Sarah Ann Ryan
15. Birthplace Tipton (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Winifred Frey
(b) Address 4274 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 29 - 42 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand

19. (a) JUL 28 1942 (Date received local registrar) (b) J. F. Bedecker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from November 27, 1940, to July 26, 1942 that I last saw her alive on July 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death 1) Chronic myocarditis — Duration 2-3 yrs.

Due to 2) chronic nephritis

Due to 3) angina pectoris

Due to 4) arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) No

Major findings: Of operations No

Of autopsy No

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 Hudson N. Grundmann (M. D. or other) M.D.

Address 2519 N. Jefferson St. Louis Date signed July 27, 1942

844 (Licensed Embalmer's Statement on Reverse Side)

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: Fred Frick

Licensed Embalmer No. 3186

P. O. Address 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, fact should be so stated above.