S. No. 2
—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4579

Registration District No. 1003

Primary Registration District No.

Registrar's No. 1883

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:
Firmin Desloge
(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: 999

(a) State Illinois (b) County 3/4 St. Clair

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

(d) Street No. 630 N 37 St.
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME John Mulconnery

3. (b) If veteran, name war

3. (c) Social Security No. 358-07-8128

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 5 (Day) 1899 (Year)

8. AGE: Years 43 Months 6 Days 18 If less than one day hr. min.

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

10. Usual occupation Machinist

11. Industry or business Shell Oil Co.

FATHER
12. Name Andrew Mulconnery
13. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Julia Dowd
15. Birthplace Belleville (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Andrew Mulconnery
(b) Address East St. Louis, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) FEB 25 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 29, 1943, to Feb 23, 1943
that I last saw him alive on Feb 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Sigmoid
Primary in sigmoid

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Tumor in Pelvis
Of autopsy Carcinoma of Sigmoid & Bladder

Duration

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 W. Eheighton (M. D. or other) M.D.

Address 3720 Washington Blvd St Louis Mo Date signed 2/25/43

(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 Albert G. Lappe

Licensed Embalmer No. 297

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.