. S. No. 2
M—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

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8623

FILED MAR 30 1943

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2751

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 9 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3445 Magnolia Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Anna Mulvoy

3. (b) If veteran, name war --

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife --

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

7. Birth date of deceased July (Month) 7. (Day) 1895 (Year)

8. AGE: Years 47 Months 8 Days 15 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name John Mulvoy
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Delia Walsh
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Owen Mulvoy
(b) Address 3445 Magnolia Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 24 (Day) 43 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wacker-Helderle Und. Co.
(b) Address 3634 Gravois Ave.

19. (a) MAR 23 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1943 hour 1 minute 20 A M.

21. I hereby certify that I attended the deceased from 3-8-43, 19, to 3-21-, 1943
that I last saw her alive on 3-21-43, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No

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 Jos L Ferrer (M. D. or other)
Address 4065-50 Grand Date signed 3/24/43

(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 Frank J. Island

Licensed Embalmer No. 9645

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.