V. S. No. 2
50M—5-42
ev. 5-17-39
>1 X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12467

USB APR 19 1943 818

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 3119

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution:
Alexian Bros. Hospital 0
(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:
(a) State Missouri (b) County St. Louis
(c) City or town .....
(If outside city or town limits, write "RURAL")
(d) Street No. 5004 Delmar (Adolphus Hotel)
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Edward J. McMullen
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased March 20, 1862 (Month) (Day) (Year)
8. AGE: Years 81 Months 0 Days 10 If less than one day ..... hr. ..... min.
9. Birthplace Wisconsin (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....
FATHER
12. Name ? McMullen
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Emery
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Gay E. McMullen
(b) Address The Dalles, Oregon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/2/43 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine
18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester
19. (a) APR 2 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1943 hour 3.30 P.M. minute ..... M.
21. I hereby certify that I attended the deceased from March 25, 1943, to March 30, 1943; that I last saw him alive on March 30, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Congestive Heart Failure
Due to .....
Due to Arteio Sclerosis
Other conditions (Include pregnancy within 3 months of death) .....
Major findings:
Of operations .....
Of autopsy .....

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 R. H. Hayden (M. D. or other) MD
Address 5899 Delmar Date signed 4-1-43

(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 William J Hirons

Licensed Embalmer No. 4319

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.