V. S. No. 2
DM—9-4-41
5-17-39
I X29

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 29 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19065

State File No.

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1744

96
2
3

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr. 35 min. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96 3

(c) City or town University City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 7010 Maryland Ave.,
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Frank Mullivan

3. (b) If veteran, name war none

3. (c) Social Security No. 492-03-3133

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ruth Freeman Mullivan

6. (c) Age of husband or wife if live 35 35 years

7. Birth date of deceased April (Month) 5 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	1	21	hr. min.

9. Birthplace Plankinton (City, town, or county) S.D. (State or foreign country)

10. Usual occupation Traffic Manager & V.P.

11. Industry or business Crunden Martin Co.

FATHER
12. Name Thomas Mullivan
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Hannah Tiedeman.
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. Ruth Mullivan.

(b) Address 7010 Maryland Ave.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-28-43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address 7233 Delmar, Blvd.,

19. (a) 5-26-43 (Date received local registrar) (b) E. J. McGavron MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1943 hour 1 minute 55 A.M.

21. I hereby certify that I attended the deceased from 5-26-43, 19, to 5-26-43, 19 that I last saw him alive on 5-26-43, 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	2 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94 a	
Of autopsy	

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 Russell L. Verdine (M. D. ~~or other~~)

Address St. Louis County Hospital Date signed 5-26-43

707

(Licensed Embalmer's Statement on Reverse Side)

JUN 22 1948

JUN 22 1948

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 Clarence H. Murr

Licensed Embalmer No. 4011.

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.