

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED JAN 11 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(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:
4717 Varrelman Ave. /
(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

3. (a) PRINT FULL NAME IRENE MULLANEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

Female / 5. Color or race White

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

6. (b) Name of husband or wife Larry MULLANEY

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased JUNE 30, 1907
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>38</u>	<u>5</u>	<u>30</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business Housewife.

12. Name William Clemens

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name CROOK

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Larry Mullanev

(b) Address 4717 Varrelman

17. (a) Burial (b) Date thereof Dec 31/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Shakuta's & son

(b) Address 2906 Grayois Ave.

19. (a) DEC 20 1945 (b) J. F. Bredek
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town 4717 Varrelman St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1945 hour 4 30 A.M.

21. I hereby certify that I attended the deceased from July 15, 1945, to Dec 28, 1945
that I last saw her alive on Dec 28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death F.A. Pulmonary Tbc

Due to _____

Due to _____

Other conditions 13
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration 14 mo.

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John S. Ryan (M.D. or other) _____
Address 539 N. Grand St. Louis Date signed 12-29-45

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.....

David Van Fossan

Licensed Embalmer No. *4242*

P. O. Address *2906 Morris ave*

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.