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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11479

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2741

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:
St. Louis City Hospital-~~Max~~ C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17 23

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

(d) Street No. 2508aS2nd St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME NELLIE MULLEN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James Mullen

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April 13, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
54	11	9	hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Reet Rhodes
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Jennie Wilson
15. Birthplace (City, town, or county) Don't Know (State or foreign country)

16. (a) Informant James Mullen
(b) Address 2508a S. 2nd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) MAR 23 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22nd
year 1946 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from 3/20/46, 19, to 3/22/46, 19;
that I last saw er alive on 3/22/46, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Vascular Hemorrhage	2 days
Due to Hypertensive C-V. Disease	Years?
Due to	
Other conditions Rt. Hemiplegia (Include pregnancy within 3 months of death)	2 days

Major findings:
Of operations
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 George J. Parkinson 3/22/46 (or other)
Address 1515 Lafayette Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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 Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.