

No. 2  
M-5-43  
7. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15044

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3867**

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Paul Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo County St. Louis  
(c) City or town St. Louis  
(d) Street No. 1367 Temple Pl.  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William F. Mullen  
3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_  
3. (c) Social Security No. 490-03-5325

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 27  
year 1946 hour 8:50 minute 9 M.

4. Sex male  
5. Color of hair blk  
6. (a) Single, widowed, married divorced  
7. Birth date of deceased: November 4, 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 8, 1946, to April 27, 1946  
that I last saw him alive on April 26, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 5 Days 23  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Coronary vascular renal disease with hypertension  
Due to: arteriosclerosis  
Duration 6 yrs

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

Other conditions: Hypertension  
(Include pregnancy within 3 months of death) Duration 2 yrs

10. Usual occupation Salesman  
11. Industry or business Shapleigh Hardware

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

12. Name William F. Mullen  
13. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

Of autopsy: \_\_\_\_\_

14. Maiden name Mary H. Mullen  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant William F. Mullen  
(b) Address 1367 Temple Pl.

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

17. (a) Burial (b) Date thereof 4-30-46  
(c) Place: burial or cremation Cemetery

Signature William F. Mullen (M. D. or other) \_\_\_\_\_  
Address 1117 N. Grand Date signed Apr 27/46

18. (a) Signature of funeral director J. F. Bredner  
(b) Address 1225 Union Blvd

19. (a) APR 29, 1946 (b) \_\_\_\_\_  
(Data received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
13944

MOTHER, FATHER

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**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.....

*Henry M Brammer*

Licensed Embalmer No.....

*4200*

P. O. Address.....

**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.**