S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18741

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1401

1. PLACE OF DEATH:
(a) County St. Louis
(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: Barnes Hospital, O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4971a Pernod Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME John James Muldoon
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married; divorced M.
6. (b) Name of husband or wife Loretta J. Muldoon
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased April 15th., 1884 (Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 0 If less than one day hr. min.

9. Birthplace N.Y. / (City, town, or county) (State or foreign country)
10. Usual occupation Mgr. Pattern Makers
11. Industry or business Iternatiohal Shoe Co.

MOTHER FATHER
12. Name Thomas Muldoon
13. Birthplace N.Y. / (City, town or county) (State or foreign country)
14. Maiden name Catherine Unknown
15. Birthplace N.Y. / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loretta J. Muldoon
(b) Address 4971a Pernod Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-18-46 (Month) (Day) (Year)
(c) Place: burial or cremation Buffalo, N.Y.
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) MAY 16 1946 (Date received by local registrar) (b) J. F. Bredeek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1946 hour 5-0 minute 15 P M.
21. I hereby certify that I attended the deceased from May 8, 1946 to May 15- 1946 that I last saw him alive on May 15-0 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage & Shock	3 days
Due to: eroded artery in duodenal ulcer	3 days
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Bleeding vessel in duodenal ulcer
Of autopsy: Gastro-jejunostomy blood filled stomach & bowel

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 in case of plane) Means of injury

23. Signature Howard S. Kahn Jr. (M. D. or other) MD
Address Barnes Hospital Date signed 15 May 46

(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 W.H. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.