

FILED DEC 19 1946

State File No. _____

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 387

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Esther, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: P
(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 Alfred Cleo Mulline

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Cauc. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 16 1946
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>22</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Hughy Mulline

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

14. Maiden name Glenda Thompson

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

16. (a) Informant Glenda Thompson

(b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof Dec-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yount Cemetery

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address 300 Taylor Flat River, Mo

19. (a) 12-11-46 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 2610 A North 21st.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th
year 1946 hour 5 minute 17 P. M.

21. I hereby certify that I attended the deceased from Dec 8, 1946, to _____, 19____;

that I last saw him alive on Dec 8, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration 2 1/2 day
Pneumonia (bronchial)

Due to _____

Due to _____

Other conditions Jaundice developed 2 wks
(Include pregnancy within 3 months of death) stage

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Fred Zupan (M. D. or other) 12/11/46
Address 2111 S. Olive St. St. Louis, Mo Date signed _____

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

RECEIVED

District Health Officer No. 4

District File Number 1246-2980

Date Filed 12-16-46

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 Murphy Sparks

Licensed Embalmer No. 4236

P. O. Address Hot River, 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.