

No. 2
-1/47
-17-39

FILED JUN 23 1947 318

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
4238 Maryland 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **no**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4238 Maryland Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Julia B. Mulholland**

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

4. Sex **F.** race **W.** 5. Color or
6. (a) Single, widowed, married, divorced **W. 2**
6. (b) Name of husband or wife **George B. Mulholland** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Dec. 24th 1869**
(Month) (Day) (Year)

8. AGE: Years **77** Month **2** Days **20** If less than one day
hr. min.

9. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business.....
12. Name **Ignatius I. Burch**
13. Birthplace **Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Bridget Close**
15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clement B. Mulholland**
(b) Address **4238 Maryland Ave.**

17. (a) **Burial** (b) Date thereof **6-16-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**
3840 Linde Blvd

19. (a) **JUN 15 1947** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14th**
year **1947** hour **6** minute **05** A.M.

21. I hereby certify that I attended the deceased from **June - 6** 19 **47** to **June - 14** 19 **47**
that I last saw her alive on **June - 13** 19 **47**
and that death occurred on the date and hour stated above. Duration

Immediate cause of death **Apoplexy** 8 days
Due to **Hypertensive Cardio-vascular Disease** 8 days

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: **None**
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause of 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 **W. P. Pseudonick** (M. D.)
4240 W Pine 130 Date signed **6-14-47**

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

MOTHER FATHER

Dr. Wainwright
4390 W. Park

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..... *Stanley Marshall*
Licensed Embalmer No..... *2868*
P. O. Address..... *3840 Lindell*

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.