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COMMERCIAL BUREAU OF THE CENSUS
FILED MAR 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5915

State File No.

Registration District No. 310

Primary Registration District No. 6051E

Registrar's No. 44

1. PLACE OF DEATH:

(a) County ST. CHARLES

(b) City or town RURAL ELM POINT TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: EVANGELICAL EMMAUS HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: FOUR YEARS - 7 Mos. 7 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96

(c) City or town WEBSTER GROVES 7
(If outside city or town limits, write "RURAL")

(d) Street No. 661 AMELIA AVE 4
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME ELIZABETH T. MULLALLY

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

4. Sex FEMALE 5. Color or race WHITE

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 JANUARY 31, 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 23
year 1948 hour 3 minute 05 P. M.

21. I hereby certify that I attended the deceased from Feb 1st, 1948 to Feb 23, 1948.
that I last saw her alive on Feb 21st, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 0 Days 22 If less than one day hr. min.

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

10. Usual occupation TEACHING

Immediate cause of death..... Duration

Broken Compensation

Due to.....

Due to Myocardial insufficiency

Other conditions Sen. Arterio-sclerosis
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business.....

12. Name JOHN MULLALLY

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

14. Maiden name MARGARET McGRATH

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

16. (a) Informant Theophil Stobierski

(b) Address ST. CHARLES, Mo

17. (a) Burial (b) Date thereof Mar 26, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Harkman - Popow

(b) Address St. Charles, Mo.

19. (a) 2/27/48 (b) Travis Hamilton
(Date received local registrar) (Registrar's signature)

Major findings: Of operations..... Of autopsy.....

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 J.P. Erish Schindler M.D. Date signed 2/27/48
Address St. Charles, Mo.

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

APR 27 1948

Date Filed MAR 11 1948

District File Number

District Health Officer No. 9,

RECEIVED

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

Charles J. Mackee

Registered Apprentice No. 414

working under my personal supervision.

Signed *Arthur C. Bane*

Licensed Embalmer No. 3155

P. O. Address St. Charles, 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.