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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 6 1948

UNITED STATES BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34506  
State File No. \_\_\_\_\_  
Registrar's No. 9201

Registration District No. 318 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:  
4603 Shenandoah 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

3. (a) PRINT FULL NAME Pierce J. Mullally,  
3. (b) If veteran, name war No 3. (c) Social Security No. 488-01-4999

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Peggy Porter Mullally 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 14 1895  
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Salesman

11. Industry or business Famous Barr Co.

12. Name Pierce Mullally

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

14. Maiden name Margaret Burke

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

16. (a) Informant Mrs. Peggy Mullally,

(b) Address 4603 Shenandoah Ave.

17. (a) Burial (b) Date thereof 10-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway Blvd.

19. (a) OCT 25 1948 (b) J. B. Paster  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County gov  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4603 Shenandoah Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th  
year 1948 hour 8:15 minute A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to 1948 to October 22 1948  
that I last saw him alive on October 22 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration Inst

Due to Chronic valvular heart disease - Mitral stenosis Years \_\_\_\_\_

Due to Severe rheumatic infection with chorea @ 9 yrs 40yrst

Other conditions None  
(Include pregnancy within 3 months of death)

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: No

(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 Arthur W. Clark (M. D. or other) \_\_\_\_\_

Address 821 Hamilton Blvd Date signed 10-24-48

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

MOTHER FATHER

**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.....  
*Fred Frick*

Licensed Embalmer No..... 3186.....

P. O. Address..... St. Louis, 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.**