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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 23 1948

318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34508

State File No. _____

8856

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. _____

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 20-YRS years, months or days)

3. (a) PRINT FULL NAME Harvey Mullins

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

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

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

7. Birth date of deceased: Jan. 26 1908
(Month) (Day) (Year)

8. AGE: Years 40 Months 8 Days 11 If less than one day hr. _____ min. _____

9. Birthplace Columbus Miss!
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Harvey Mullins

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

14. Maiden name Cora Phillips

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

16. (a) Informant Imogen Mullins
(b) Address 2745 Clark

17. (a) Burial (b) Date thereof 10-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Arthur J. ...
(b) Address 3644 Finney Ave
OCT 15 1948
19. (a) J. B. ... (b) J. B. ...
(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
(If outside city or town limits, write "RURAL")
(d) Street No. 2745 Clarke
22 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1948 hour 7 minute 25 P. M.

21. I hereby certify that I attended the deceased from Sept. 29, 1948 to Oct. 7, 1948

that I last saw him alive on Oct. 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular Disease
Duration Undet.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy No

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) _____
Means of injury _____

23. Signature Arthur J. ... (M. D. or other) _____
Address 2601 N Whittier Date signed 10/8/48

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

Louis V. Watkins

Licensed Embalmer No. *2842*

P. O. Address *3644 Finley*

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.