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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 6 1948 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 34509
9289
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution 1
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 2709 S. 9th St.
(e) Citizen of foreign country? 23 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MILDRED MULVANEY
3. (b) If veteran, name war ----
3. (c) Social Security No. ----

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 25th
year 1948 hour 3 minute 05 P. M.
21. I hereby certify that I attended the deceased from 10/20/48
to Oct. 25th, 1948
that I last saw her alive on Oct. 25th, 1948
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarence
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Nov. 13, 1899
(Month) (Day) (Year)

Immediate cause of death Sarcoma of Breast Duration 4 1/2 yrs
Due to
Due to
Other conditions (Include pregnancy within 9 months of death) 50

8. AGE: Years 48 Months 11 Days 12
If less than one day hr. min.
9. Birthplace Washington D.C.
(City, town, or county) (State or foreign country)
10. Usual occupation Home

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name Unknown Stone
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Mulvaney
(b) Address 2709 S. 9th St.
17. (a) Burial (b) Date thereof 10/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work W. L. Linton (Specify type of place) (a) Means of injury
23. Signature J. B. Linton 1515 Lafayette 10/25/48
Address Date signed

(c) Place: burial or cremation Friedens Cemetery
18. (a) Signature of funeral director Wacker, J. J. Jellule
(b) Address 3634 Gravois Ave.
19. (a) OCT 27 1948 (b) J. B. Linton
(Date received local registrar) (Registrar's signature)

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 Robert C. Wheeler

Licensed Embalmer No. 2178

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.