

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 13 1950

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2002		Registrar's No. 1413			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) University City		c. LENGTH OF STAY (in this place) YEARS		c. CITY (If outside corporate limits, write RURAL and give township) University City		d. STREET ADDRESS (If rural, give location) 6935 Julian			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6935 Julian				d. STREET ADDRESS (If rural, give location) 6935 Julian					
3. NAME OF DECEASED (Type or Print)			a. (First) Ralph		b. (Middle) James		c. (Last) Mulcahy		
4. DATE OF DEATH		(Month)		(Day)		(Year)			
		6		4		50			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH February 1, 1912			
9. AGE (In years last birthday) 38		IF UNDER 1 YEAR Months 4 Days 3		IF UNDER 4 HRS. Hours Min. 					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Projectionist				10b. KIND OF BUSINESS OR INDUSTRY World Theatre		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			
12. COUNTRY OF WHAT COUNTRY? U.S.A.									
13a. FATHER'S NAME Charles J. Mulcahy			13b. MOTHER'S MAIDEN NAME Mae E. Conroy			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-07-3044		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles J. Mulcahy 6935 Julian Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) mitral regurg.				b. Childhood throat infections				c. Probr. Lung	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Tonsillitis				DUE TO (c) 10/4	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Rheumatic tonsillitis				not active (Supp. rep.)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 473X					
22. I hereby certify that I attended the deceased from Feb 15, 1950 , to Feb 1950 , that I last saw the deceased alive on June 6, 1950 , and that death occurred at 6:30 m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Joseph Davie, MD				23b. ADDRESS 906 Olive St		23c. DATE SIGNED 6-5-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/7/50		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL JUN 6 1950		REGISTRAR'S SIGNATURE Robert R. Adams		FUNERAL DIRECTOR'S SIGNATURE F. Stuart		ADDRESS 1225 Union			

JUN 16 1950

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.