

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 42561

BIRTH NO. 83940-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11251

1. PLACE OF DEATH
a. COUNTY None
b. CITY Saint Louis
c. LENGTH OF STAY
d. FULL NAME OF HOSPITAL OR INSTITUTION 4227 E. Garfield Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY None
c. CITY Saint Louis
d. STREET ADDRESS 4227 E. Garfield Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Rudolph b. (Middle) c. (Last) McMullen
4. DATE OF DEATH (Month) (Day) (Year) 12-27-50

5. SEX Male 2 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Never Married
8. DATE OF BIRTH Dec. 6, 1950 9. AGE (In years last birthday) 22

10a. USUAL OCCUPATION Nil 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE Saint Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William H. McMullen 13b. MOTHER'S MAIDEN NAME Cherrie Kidd 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cherrie McMullen, 4227 E. Garfield

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pneumonia (Bronchial)
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR 763.0

22. I hereby certify that I attended the deceased from Dec 26, 1950, to Dec 27, 1950, that I last saw the deceased alive on Dec 26, 1950, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. 23b. ADDRESS 2330a Franklin Avenue 23c. DATE SIGNED 12/29/50

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 12/30/50 24c. NAME OF CEMETERY OR CREMATORY Washington Park 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. JAN 2 1951 REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates, 4107 Finney Ave

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

Dr. T. J. Jones

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 _____

(Not Embalmed)

working under my personal supervision.

Student Embalmer No.

Signed

John K. Cunningham

Signed.....
Student Embalmer

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.