

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH42639
10300

State File No.

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No.		Registrar's No.					
1. PLACE OF DEATH a. COUNTY 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis									
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (in this place) 25 yrs.			c. CITY (If outside corporate limits, write RURAL and give township) St. Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION 5878 Wabada Ave.				e. STREET ADDRESS (If rural, give location) 5878 Wabada Ave.									
3. NAME OF DECEASED (Type or Print) a. (First) Archie b. (Middle) Lee c. (Last) Mulherin			4. DATE OF DEATH (Month) (Day) (Year) Dec. 2 1950										
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH May 6 1881		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motorman Public Service Co.				10b. KIND OF BUSINESS OR INDUSTRY Public Service Co.		11. BIRTHPLACE (State or foreign country) Pike Co. Mo.			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Henley Mulherin				13b. MOTHER'S MAIDEN NAME Elizabeth Brimer				14. NAME OF HUSBAND OR WIFE Myrtle Mulherin					
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. NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle Mulherin; 5878 Wabada 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Descending Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Secondary Anemia DUE TO (c) Myocardial Damage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Cancer of Descending Colon						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? 153X									
22. I hereby certify that I attended the deceased from May 1950 , to Dec. 2, 1950 , that I last saw the deceased alive on 12-2- , 19 50 , and that death occurred at 3:50 p. m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Ed. Lanche M.D.				23b. ADDRESS 4885 Natural Bridge				23c. DATE SIGNED 12-4-50					
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 12/5/50		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.							
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE DEC 4 1950 J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral; 1905 Union Blvd.											

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. E. A. Lamsche,
4885 Natural Br.

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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Albert R. Thompson

Signed.....

Student Embalmer

Licensed Embalmer No. 42 (B)

P. O. Address H. L. Davis

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.