

FILED JUL 23 1952 THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26564

State File No. \_\_\_\_\_  
Registrar's No. 1780

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 54

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis County Mo)  
c. LENGTH OF STAY (in this place) 1 hour  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE St. Louis, Missouri (County)  
b. COUNTY St. Louis  
c. CITY (If outside corporate limits, write RURAL and give township) Normandy Mo.  
d. STREET ADDRESS (If rural, give location) Lucashunt Village 5354 Gladstone Pl.

3. NAME OF DECEASED  
a. (First) Bea b. (Middle) M c. (Last) McNulty  
4. DATE OF DEATH (Month) (Day) (Year) 6 29 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH 11-8-1879 9. AGE (in years last birthday) 72 10. MONTHS 7 11. YEARS 22 12. HOURS 22 13. MIN. 22

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) Minneapolis Minn. 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME Patrick McNulty 13b. MOTHER'S MAIDEN NAME Bridget Cawley 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Anne McLaskey ADDRESS 5354 Gladstone

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\* (a) subacute natural causes INTERVAL BETWEEN ONSET AND DEATH unk  
\* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
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 CT 20. AUTOPSY? YES  NO

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) 7955

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

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on June 29, 1952, and that death occurred at 12:30 AM, the causes and on the date stated above.

23a. SIGNATURE Herbert R. Domke (Degree or title) M. D. Local Registrar 23b. ADDRESS 651 S. Brentwood, Clayton 23c. DATE SIGNED 7-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Shipped 24b. DATE 6-30-1952 24c. NAME OF CEMETERY OR CREMATORY Minneapolis Minn. 24d. LOCATION (City, town, or county) (State) Minneapolis Minn.

DATE REC'D BY LOCAL REG. 6-30-52 REGISTRAR'S SIGNATURE Herbert R. Domke 25. FUNERAL DIRECTOR'S SIGNATURE Sullivan ADDRESS 2849 N. Euclid ave

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

**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 Robert D. Mink

Signed.....  
Student Embalmer

Licensed Embalmer No. 3553

P. O. Address \_\_\_\_\_

**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.