

FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25003**
Registrar's No. **7052**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2-WKS.		e. STREET ADDRESS (If rural, give location) 6178 Waterman Ave. 2057	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Talbot c. (Last) Mulroy		4. DATE OF DEATH (Month) (Day) (Year) July 28, 1954	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Aug. 8, 1906
9. AGE (In years) 47 IF UNDER 1 YEAR: Months 11 Days 20 IF UNDER 24 HRS. Hours 20 Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Helper - Busch Brewery	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Charles Mulroy		13b. MOTHER'S MAIDEN NAME Nora Silk		14. NAME OF HUSBAND OR WIFE Mrs. Helen Mulroy	
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. 489-01-4030		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen Mulroy, 6178 Waterman 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis of liver		INTERVAL BETWEEN ONSET AND DEATH 6 mo	
ANTECEDENT CAUSES Morbid 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 <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5810	

22. I hereby certify that I attended the deceased from **7-15-54**, 19**54**, to **7-28**, 19**54**, that I last saw the deceased alive on **7-27**, 19**54**, and that death occurred at **9:45 am.**, from the causes and on the date stated above.

23a. SIGNATURE E. H. Boudreau M.D.		(Degree or title)		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 7-29-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 31, 1954		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. JUL 30 1954		REGISTRAR'S SIGNATURE J. C. Smith		GENERAL DIRECTOR'S SIGNATURE J. Donnelly		ADDRESS 3840 Lenox Blvd	
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(Licensed Embalmer's Statement on Reverse Side)

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 me....., Student Embalmer No..... working under my personal supervision:.

Student.....
Signature of Student Embalmer

Signed W. D. Laffer.....

Licensed Embalmer No. 469.....

P. O. Address 3840 L........

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.