

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9987**
2520
Registrar's No.

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 **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **1 1/2 yrs**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4398 W. Pine Blvd.** STREET ADDRESS (If rural, give location) **12 4398 W. Pine Blvd.**

3. NAME OF DECEASED (Type or Print) a. (First) **THOMAS** b. (Middle) **J.** c. (Last) **MULLEN** 4. DATE OF DEATH (Month) (Day) (Year) **Mar. 18, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **July 16, 1868** 9. AGE (In years last birthday) **86** IF UNDER 1 YEAR Months Days IF UNDER 14 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Horse shoer** 10b. KIND OF BUSINESS OR INDUSTRY **Self employed** 11. BIRTHPLACE (City and State or Foreign Country) **New Jersey** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Michael Mullen** 13b. MOTHER'S MAIDEN NAME **Bridget Radigan** 14. NAME OF HUSBAND OR WIFE **Esther Fenelon**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Esther Hertzog 4398 W. Pine Blvd.**

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) **Myocarditis chr.** INTERVAL BETWEEN ONSET AND DEATH **10 years**
 ANTECEDENT CAUSES. DUE TO (b) **arteriosclerosis generaliz** **20 years**
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) **Hypertension** **20 years**
 II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. **Myophutis chr** **20 years**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **443X**

22. I hereby certify that I attended the deceased from **1946**, **1946**, to **3/16**, **1955**, that I last saw the deceased alive on **3/16**, **1955**, and that death occurred at **2:35 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Henry G. Faris, M.D.** 23b. ADDRESS **45 Bellemeadows** 23c. DATE SIGNED **3/20/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **3/21/55** 24c. NAME OF CEMETERY OR CREMATORY **Calvary** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **MAR 21 1955** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **W. Cullen Kelly 4386 Lindell Blvd.**

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

2922

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.....
Signature of Student Embalmer

Signed *Bill C. Hanson*

Licensed Embalmer No. *476*

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