

No. 300
10.48

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

XC-14 072 384

THE DIVISION OF HEALTH OF MISSOURI

13716

Reg. #7158

STANDARD CERTIFICATE OF DEATH

State File No.

SL #291

FILED MAY 13 1955

318

1003

Registrar's No. 3645

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Saint Clair	
b. CITY (If outside corporate limits, write RURAL and give township). OR TOWN 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN E. Carondelet	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 41 days		STREET ADDRESS (If rural, give location) R R #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			
3. NAME OF DECEASED a. (First) JOHN		b. (Middle) R.	
c. (Last) MULLEN Jr.		4. DATE OF DEATH (Month) (Day) (Year) April 24, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/3/28
9. AGE (In years last birthday) 26		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dental Technician		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John R. Mullen Sr.		13b. MOTHER'S MAIDEN NAME Charlotte Ray	
14. NAME OF HUSBAND OR WIFE Margaret Mullen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-2		16. SOCIAL SECURITY NO. 361183918	
17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, St. Louis, Mo.		ADDRESS	
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) ASPIRATION PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post-Operative Ileus DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myelogenous Leukemia			
19a. DATE OF OPERATION 4/20/55		19b. MAJOR FINDINGS OF OPERATION Enlarged Spleen - Splenectomy	
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.) VA m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 2041			
22. I hereby certify that I attended the deceased from 3/14 , 1955, to 4/24 , 1955, and that death occurred at 3:25 Am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) [Signature] M.D.		23b. ADDRESS VA Hosp., St. Louis, Mo.	
23c. DATE SIGNED 4/24/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4-27-55	
24c. NAME OF CEMETERY OR CREMATORY MT. CARMEL		24d. LOCATION (City, town, or county) (State) EAST ST. LOUIS ILL	
DATE REC'D BY LOCAL REG. APR 25 1955		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS E. ST. LOUIS, ILL	

(Licensed Embalmer's Statement on Reverse Side)

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 *Chas. H. Burke*.....

Licensed Embalmer No. 2421

P. O. Address E. ST. LOUIS, IL

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.