

FILED APR 21 1955

## STANDARD CERTIFICATE OF DEATH 547

State File No. 14233

BIRTH NO. 27568-55 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 574 Registrar's No. 761

1. PLACE OF DEATH a. COUNTY St. Louis			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 Richmond Heights		c. LENGTH OF STAY (in this place) 1-days	c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			e. STREET ADDRESS (If rural, give location) 1116 Louisville Ave. 2049		
3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Mary c. (Last) Mulvihill			4. DATE OF DEATH (Month) (Day) (Year) April 2, 1955		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH April 1, 1955	9. AGE (In years last birthday)	10. UNDER 1 YEAR 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Thomas Mulvihill		13b. MOTHER'S MAIDEN NAME Nancy V. Werner		14. NAME OF HUSBAND OR WIFE NONE	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Thomas Mulvihill, 1116 Louisville 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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Defect of Heart.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Edema of Brain</u> DUE TO (c) <u>Atherosclerosis</u>  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				20. AUTOPSY? YES <input 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) 7620			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4/2/55</u> , 19___, to _____, 19___, that I last saw the deceased alive on <u>4/2/55</u> , 19___, and that death occurred at <u>8:05 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Adrien Bleyer M.D.</u>			23b. ADDRESS <u>607 n. Grand Boulevard</u>		23c. DATE SIGNED <u>4/4/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 4, 1955	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. <u>4/4/55</u>	REGISTRAR'S SIGNATURE <u>Rebecca K. Lamb</u>		FUNERAL DIRECTOR'S SIGNATURE <u>William J. Donnelly</u>		ADDRESS 3840 Lindell Blvd.

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..... *Francis Wellions*

Licensed Embalmer No. *356*

P. O. Address *3840 Lin*

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.