

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38666

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 9829

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9829							
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis				c. LENGTH OF STAY (in this place) township)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital				e. STREET ADDRESS (If rural, give location) 21 3301 Olive St.				2270					
3. NAME OF DECEASED (Type or Print)			a. (First) Francis Joseph Mullins (AKA)			b. (Middle) Ted Moon Mullins			c. (Last)				
4. DATE OF DEATH			5. SEX Male			6. COLOR OR RACE White			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married				
8. DATE OF BIRTH Sept. 12, 1897			9. AGE (In years last birthday) 57			10. IF UNDER 1 YEAR Months			11. IF UNDER 24 HRS. Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) New Haven, Conn.		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Terrence Mullins			13b. MOTHER'S MAIDEN NAME Mary Crowley			14. NAME OF HUSBAND OR WIFE Florence							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 510-12-5605			17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank A. Evans			ADDRESS 700 W. Hillcrest				
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.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of head and skull; self inflicted				MEDICAL CERTIFICATION Ingewood, Cal.				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) in tavern at 3257 Olive Street about 400 p.m.,				DUE TO (c) November 5, 1955.					
11. 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 Suicide						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT - SUICIDE - HOMICIDE Suicide			21b. PLACE OF INJURY (e.g., in or about home, car, factory, street, office bldg., etc.) Tavern			21c. (CITY, TOWN, OR TOWNSHIP) St. Louis			21d. (COUNTY) Mo			21e. (STATE)	
21d. TIME OF INJURY Nov 5 56 4:00			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? E976x							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4301 p.m., from the causes and on the date stated above.													
23a. SIGNATURE Saturn E Taylor (Degree or title) 3						23b. ADDRESS 1300 Clark Ave			23c. DATE SIGNED 11/10/55				
24a. BURIAL, CREMATION, REMOVAL Removal			24b. DATE 11-9-55			24c. NAME OF CEMETERY OR CREMATORY Memorial Park			24d. LOCATION (City, town, or county) St. Louis Co., Mo. (State)				
DATE REC'D BY LOCAL REG. NOV 10 1955			REGISTRAR'S SIGNATURE J. Earl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe			ADDRESS 4700 Washington Blvd.				

S. P. (Licensed Embalmer's Statement on Reverse Side)

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

3

300
48

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 *J. W. Dinkley*.....

Licensed Embalmer No. *365*.....

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.