

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2852

State File No.

FILED JAN 26 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **520**

| | | | |
|---|--|--|----------------------------------|
| 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 township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN St. Louis |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) 6018 Shulte Ave 2079 | | | |

| | | | | | |
|---|----------------------------------|--|---|--|--|
| 3. NAME OF DECEASED a. (First) Boyd b. (Middle) Luci c. (Last) McMullin | | | 4. DATE OF DEATH (Month) (Day) (Year) Jan 15 1956 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jun. 26, 1905 | 9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clock | | 10b. KIND OF BUSINESS OR INDUSTRY Int'l. Shoe | 11. BIRTHPLACE (City and State or Foreign Country) Danby, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA. |

| | | |
|---|--|--|
| 13a. FATHER'S NAME Abraham L. McMullin | 13b. MOTHER'S MAIDEN NAME Eda Hursey | 14. NAME OF HUSBAND OR WIFE Josephine McMullin |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 492-01-5945 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. J. McMullin 6018 Shulte 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease | | 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) with decompensation | | |
| | 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 416x | 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) 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 **July 1952** to **Jan 15, 1956**, that I last saw the deceased alive on **Jan 15, 1956**, and that death occurred at **11:57 a.m.** from the causes and on the date stated above.

| | | | |
|--|---------------------------------|--|--|
| 23a. SIGNATURE Joseph E. Carney md | (Degree or title) | 23b. ADDRESS 906 Olive | 23c. DATE SIGNED 1-16-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan 19 1956 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. |

| | | |
|--|--|---|
| DATE REC'D BY LOCAL REG. JAN 16 1956 | REGISTRAR'S SIGNATURE Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Skogor & Son 5541 Riverview Bl. |
|--|--|---|

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J.M. Rister*.....

Licensed Embalmer No. *398*.....

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.