

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2897

FILED FEB 7 1956

State File No. ....

318

1003

309

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) before a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 Mo.</u>		c. CITY OR TOWN <u>Clayton</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>8056 Davis Drive.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Belle</u> b. (Middle) <u>Marie</u> c. (Last) <u>Mullins</u>			4. DATE OF DEATH <u>Jan. 9. 1956</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 12 1888</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hontbonne College</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Paris, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Michael Mullins</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Ferry</u>		14. NAME OF HUSBAND OR WIFE <u>----</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>493-36-1880</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Vern E. Mullins</u> ADDRESS <u>8056 Davis Dr.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung</u>			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) <u>0</u> DUE TO (c) <u>0</u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>0</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>		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.)		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>1-27 - 1955</u> , to <u>Jan 9, 1956</u> , that I last saw the deceased alive on <u>Jan 9, 1956</u> , and that death occurred at <u>6:10 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Res J. H. Plave M.D.</u>			23b. ADDRESS <u>3720 Washington Blvd</u>		23c. DATE SIGNED <u>1-10-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-12-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Ill.</u>		
DATE REC'D BY LOCAL REG. <u>JAN:10:1956</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stock Mortuary</u> ADDRESS <u>2117 E. Grand.</u>			

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

Mr. L. Klaus

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..... Paul A. Wachtel

Licensed Embalmer No. 478

P. O. Address..... Houston

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.