

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7509

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 412

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 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>Clayton</u>		c. CITY OR TOWN <u>Lemay 4860</u>	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) <u>None</u>		e. STREET ADDRESS (If rural, give location) <u>749 Zeiss Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospt</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>R.</u>	c. (Last) <u>Mullen</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-56</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 16, 1885</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Century Electric</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Press Operator</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Mullen</u>	13b. MOTHER'S MAIDEN NAME <u>Clayton</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Rhodes Dec</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>73-924-217</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James M. Mullen</u> ADDRESS <u>749 Zeiss</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		ANTICIPATED CAUSES <u>Coronary Heart Disease</u>
	DUPLICATE OF (b) <u>Coronary Heart Disease</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4201</u>
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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?
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22. I hereby certify that I attended the deceased from 1-10-56, 1956 to 2-10, 1956, that I last saw the deceased alive on 2-10, 1956 and that death occurred at 4:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Louis D. Mullen M.D.</u> (Degree or title)	23b. ADDRESS <u>712 Francis Ferry Rd</u>	23c. DATE SIGNED <u>2/13/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-14-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-13-56</u>	REGISTRAR'S SIGNATURE <u>Hubert R. Bouck M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Weick Bros</u> ADDRESS <u>2201 S. Grand Blvd.,</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

FL 3-2227  
Dr. E.R. Crecellius  
752 Lemay Ferry Rd

**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 J. [Signature]*  
.....

Licensed Embalmer No. 451

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.