

FILED NOV 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39659**
Registrar's No. **10151**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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 St. Louis		c. LENGTH OF STAY (In this place) 3-wks.		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 Desloge Hospital				e. STREET ADDRESS (If rural, give location) 2059 6101 McPherson Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) J.G.		c. (Last) MULLIGAN		4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1956	
5. SEX M		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.		8. DATE OF BIRTH Oct. 17, 1866	
9. AGE (In years last birthday) 90		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 18 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) / New York	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) Retired, Real Estate Broker				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Francis Mulligan			13b. MOTHER'S MAIDEN NAME Mary Gavin			14. NAME OF HUSBAND OR WIFE Mary Mulligan	
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 Mrs. Mary Monti, 6101 McPherson 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriolar nephrosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Benign prostatic hypertrophy Conditions contributing to the death but not related to the disease or condition causing death. Edema of lungs and brain				INTERVAL BETWEEN ONSET AND DEATH 1 year Uncertain 1 year 1 week	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 446x				20. AUTOPSY? YES <input checked="" 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) _____		21f. HOW DID INJURY OCCUR? _____	
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"/>		22. I hereby certify that I attended the deceased from Dec. 11, 1950 , to Nov. 5, 1956 , that I last saw the deceased alive on Nov. 4, 1956 , and that death occurred at 12:55A m. , from the causes and on the date stated above.			
23a. SIGNATURE G. O. Brown M.D.				23b. ADDRESS 1325 South Grand Blvd.		23c. DATE SIGNED 11/5/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 7, 1956		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. NOV 7 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		FEDERAL DIRECTOR'S SIGNATURE William J. Donnelly		ADDRESS ✓ 3840 Lindell Blvd.	

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

m. p. B.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 469

P. O. Address 3840

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.