

FILED MAR 27 1957

## STANDARD CERTIFICATE OF DEATH

10679  
STATE FILE NUMBER  
1003  
2355

Registration District No. 318 Primary Registration District No. Registrar's No.

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN St. Louis   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY<br>OR<br>TOWN St. Louis  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION 6571 Smiley Ave. 1  |  | Length of stay in 1b<br>30 yrs. 2039  |  | STREET<br>ADDRESS 6571 Smiley Ave. (If outside, give location)   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>           |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Oliver Middle B. Last McMullen  |  |   | 4. DATE OF DEATH<br>Month March Day 6 Year 1957  |  |  |  |  |
| 5. SEX<br>M <input checked="" type="checkbox"/> F <input type="checkbox"/>  | 6. COLOR OR RACE<br>W <input checked="" type="checkbox"/> N <input type="checkbox"/> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br>Apr. 15, 1878  |  | 9. AGE (In years last birthday)<br>78  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Locomotive Cab Carpenter   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br>Frisco R. R.   |  | 11. BIRTHPLACE (City and state or country)<br>Gentryville, Mo. 0   |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.   |  |
| 13. FATHER'S NAME<br>John McMillan  |  |   |  | 14. MOTHER'S MAIDEN NAME<br>Sarah Karaker  |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yrs. give war or dates of service)<br>Yes Spanish American  |  | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT<br>Address<br>Genevieve McMullen 6571 Smiley Ave.  |  |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic Heart Disease</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ |  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>36 hrs.</u><br><u>1 yr.</u>                   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>420.0</u> |  |  |  |  |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____   |  |   |  |  |  |  |  |
| 20d. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION   |  | COUNTY STATE   |  |
| 21. I attended the deceased from <u>Feb 28, 57</u> to <u>March 6, 57</u> and last saw <del>him</del> <sup>her</sup> alive on <u>March 6, 57</u><br>Death occurred at <u>8:40</u> P m on the date stated above; and to the best of my knowledge, from the causes stated.   |  |   |  |  |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>Michael Dulick M.D.</u>  |  |   |  | 22b. ADDRESS<br><u>9012 Manchester Rd</u>  |  | 22c. DATE SIGNED<br><u>3-8-57</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   |  | 23b. DATE<br><u>Mar. 11, 1957</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>National Cemetery</u>   |  | 23d. LOCATION (City, town, or county) (State)<br><u>Jefferson Barracks, Mo.</u>      |  |
| 24. FUNERAL DIRECTOR<br><u>Hoffmeister Colonial Mortuary</u><br>ADDRESS<br><u>6464 Chippewa St., St. Louis, Mo.</u>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>MAR 8 '57</u>   |  | 26. REGISTRAR'S SIGNATURE<br><u>J. Carl Smith MD</u><br><u>m83</u>                   |  |

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be equally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

securing the medical certification in the specific manner required by the laws of Missouri.

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 *Eric E. Dranson*

Licensed Embalmer No. *476*

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.