

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-182064  
STATE FILE NUMBER  
2530

FILED MAR 19 1958

Registration District No. 318 Primary Registration District 1003

Registrar's No. 2530

300  
1-57

|   |                             |  |  |
|---|-----------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                             | 2. USUAL RESIDENCE, (Where deceased lived. If institution: Residence before admission)<br>a. STATE MISSOURI COUNTY   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN ST. LOUIS  |                             | c. CITY OR TOWN ST. LOUIS  |  |
| Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |                             | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 01 3827 <sup>2</sup> HUMPHREY  |                             | d. STREET ADDRESS (If outside, give location)<br>2/16/58 3827 <sup>2</sup> HUMPHREY  |  |
| Length of stay in lb  |                             | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br>CORNELIUS J MULCAHY  |                             |  | 4. DATE OF DEATH Month Day Year<br>MARCH 1 1958  |
| 5. SEX <input checked="" type="checkbox"/> MALE   | 6. COLOR OR RACE WHITE      | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>        | 8. DATE OF BIRTH MAY 22 1905   |
| 9. AGE (In years last birthday) 52  | 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)<br>CHAUFFEUR  |                             | 10b. KIND OF BUSINESS OR INDUSTRY<br>SUPREME EXPTTRANS MISSOURI  | 11. BIRTHPLACE (City and state or country) MISSOURI  |
| 12. CITIZEN OF WHAT COUNTRY? U-S-A  |                             |  |  |
| 13a. FATHER'S NAME JOHN MULCAHY   |                             | 13b. MOTHER'S MAIDEN NAME MARGARET BAUER   | 14. NAME OF HUSBAND OR WIFE MAE MULCAHY  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or No, or unknown) (If yes, give war or dates of service)<br>NO.   |                             | 16. SOCIAL SECURITY NO. 498-10-7197  | 17. INFORMANT MAE MULCAHY 3827 <sup>2</sup> HUMPHREY   |
| 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) Carbon Monoxide Intoxication                                     |                             |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) E891.4, 15   |                             |  |  |
| DUE TO (c)  |                             |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>They he apparently fell                                      |                             |  | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                             | 20. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II, item 18.)<br>fract time<br>March 1st 1958<br>Unknown in garage at 3801 Humphrey St. |  |
| 20c. TIME OF INJURY Hour Month, Day, Year<br>a.m. 3 1 58<br>p.m.  |                             | 20e. PLACE OF INJURY (Farm, factory, street, office, bridge, etc.)<br>Humphrey St. St. Louis Mo  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                             |  |  |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____<br>Death occurred at 1230 P. m on the date stated above; and to the best of my knowledge, from the causes stated. |                             |  |  |
| 22a. SIGNATURE James H. Kelly, Coronator  |                             | 22b. ADDRESS 1300 Clark  | 22c. DATE SIGNED 3-3-58  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   |                             | 23b. DATE MARCH 4 1958   | 23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM   |
|   |                             | 23d. LOCATION (City, town, or county) ST. LOUIS  | (State) MO   |
| 24. FUNERAL DIRECTOR Thomas Kutis 2906 Gravois  |                             | 25. DATE RECD. BY LOCAL REG. MAR 3 '58   | 26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.<br>S.P.  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms were related.  
All diseases in Part I must be causally related.

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: *Leo J. Buddle*  
Licensed Embalmer No. *3989*  
P. O. Address *St. Louis, Mo.*

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.