

DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

FILED JUN 16 1961

1. PLACE OF BIRTH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Ill.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>15 hrs</b>	c. CITY OR TOWN <b>Iuka</b>
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Box 201</b>
3. NAME OF DECEASED (Type or print) First <b>FRED</b> Middle <b>(none)</b> Last <b>MULVANEY</b>			4. DATE OF DEATH Month <b>June</b> Day <b>3</b> Year <b>1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-8-1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroader</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>B+O Railroad</b>	9. AGE (last birthday) <b>72</b>
11. BIRTHPLACE (City and state or country) <b>Marion Co. Ill</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A</b>	
13a. FATHER'S NAME <b>William Henry Mulvaney</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Lee</b>	14. NAME OF HUSBAND OR WIFE <b>Maudie Mulvaney</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes</b>		16. SOCIAL SECURITY NO. <b>Not Available</b>	17. INFORMANT <b>Maudie Mulvaney - Iuka, Ill.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute mesenteric Artery Thrombosis</b> DUE TO (b) <b>Shrapnel of Small Intestine</b> DUE TO (c) <b>Auricular Fibrillation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4331</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour <b>9:45</b> Month, Day, Year <b>June 3, 1961</b>		20d. INJURY OCCURRED WHILE AT WORK <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 <b>on June 3, 1961</b> to <b>June 3, 1961</b> and last saw him alive on <b>June 3, 1961</b> Death occurred at <b>9:45 a</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Carl J. Heifetz M.D.</b>		22b. ADDRESS <b>4407 N. Kings Highway</b>	22c. DATE SIGNED <b>6/5/61</b>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6-5-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Iuka Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Iuka Township, Illinois</b>
24. FUNERAL DIRECTOR <b>East St. Louis, Ill.</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 5 1961</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>

**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. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.