

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2159 -62-008508 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 7 1962

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		
VS 300 Rev. 4/59		St. Louis				Mo.				
1	c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
2	931 Withnell				931 Withnell					
3	3. NAME OF DECEASED (Type or print) First Middle Last			4. DATE OF DEATH Month Day Year						
4	Edward A Mulach			Feb. 21 1962						
5	5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HR		
6	Male	White		9/7/1911	50	Months	Days	Hours	Min.	
7	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY			
8	Truck Driver				St. Louis		USA			
9	13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE					
10	Joseph Mulach		Anna Kurtz		Marcella					
11	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service)				17. INFORMANT Address					
12	No				Marcella Mulach 931 Withnell					
13	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY								INTERVAL BETWEEN ONSET AND DEATH	
90	IMMEDIATE CAUSE (a) Peritonitis resulting from perforated gastric ulcer; Cirrhosis of the liver; advanced Cardiac Disease.									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)								PART III. If deceased was female was there a pregnancy in last 90 days.	
									5401 <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	SUICIDE	HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
	20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year								
	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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.									
	22a. SIGNATURE (Degree or title)			22b. ADDRESS			22c. DATE SIGNED			
	Helen L. Taylor, Coroner			1300 Clark Ave.			2-23-62			
	23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)			
	Removal	2/24/62	Mt. Hope Cem.		Lemay Mo.					
	24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE				
	Jos. P. Fendler Jr. 7128 Michigan			FEB 23 1962		Earl Smith, M.D.				

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

**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

*Clarence Kochow*

Licensed Embalmer No. 3093

P. O. Address

7128 Michigan

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.