

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

13983

File No. 3287
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Pathe du Hospital Registration District No. _____
Township _____ Primary Registration District No. 51002
City St. Louis Mo (No. Bethesda Hospital)

2. FULL NAME

John George Pullinger
(a) Residence No. 5531 Chamberlain St. Ward 5
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma Pullinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Now know

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>70</u>				

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bread Company
10. Date deceased last worked at this occupation (month and year) March 21 1932 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England - 8

FATHER 13. NAME Now know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Now know

MOTHER 15. MAIDEN NAME Now know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Now know

17. INFORMANT wife - Alma Pullinger (ADDRESS) 5531 Chamberlain

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Park DATE _____ 19 _____

19. UNDERTAKER Marshall Rudolph Co (ADDRESS) 1009 Olive

20. FILED _____ 19 _____ Registrar Max W. [unclear]

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1932 to April 2, 1932
I last saw him alive on April 2, 1932 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia
La Grippe
Chronic Myocarditis
Date of onset March 24, 1932

Name of operation none Date of _____
What test confirmed diagnosis? Physical Findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Vincent J. [unclear], M. D.
(Address) 3101 1/2 Sultana Ave
Maplewood Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

