

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

Do not use this space.

42605

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1008**
 City **St. Louis Mo** (No. **City Hospital # 2**) St. _____ Ward _____

File No. _____
 Registered No. **11748**

2. FULL NAME

Doc Gullpen
 (a) Residence, No. **1625 N. Morgan**, _____ Ward. _____
 (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 **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **unknown**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 63 - - -

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Labourer 237**
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ark**

FATHER
 13. NAME **Steven Gullpen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unk**

MOTHER
 15. MAIDEN NAME **Phyllis Johnson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unk**

17. INFORMANT (ADDRESS) **Elizabeth G. Gullpen**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Louis** DATE **12-30-32**

19. UNDERTAKER (ADDRESS) **W. Richter**

20. FILED **EG 311 153-19** _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-27-1932**

22. I HEREBY CERTIFY, That I attended deceased from **12-9-1932** to **12-27-1932**
 I last saw him alive on **12-27-1932** Death is said to have occurred on the date stated above, at **10:30** m.
 The principal cause of death and related causes of importance were as follows:

93C
Chronic myocarditis
 Other contributory causes of importance:
① P.B.C.

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Ch. Lab.** 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? _____
 If so, specify _____
 (Signed) **Ernest Smith**, M. D.
 (Address) **City Hospital # 2**

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.

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