

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

Do not use this space.

7168

MAR 24 1934

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *Isolation Hospital*)

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **2051** St. Ward)

2. FULL NAME

(a) Residence, No. *2219 California* St., *24* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *M*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF *Miss Fred Bullmann* (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 21, 1885*

7. AGE YEARS *48* MONTHS *7* DAYS *6* If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) *St. Louis* (STATE OR COUNTRY) *Mo.*

13. NAME *Charles Bullmann*

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

15. MAIDEN NAME *Caroline Bauber*

16. BIRTHPLACE (CITY OR TOWN) *Pittsburg Pa* (STATE OR COUNTRY)

17. INFORMANT *Grace Barry* (ADDRESS) *2600 Arsenal*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New St. Marcus* DATE *Feb 28 34*

19. UNDERTAKER *Wecker Halderte* (ADDRESS) *2331 Broadway*

20. FILED *EB 21 1934* *J. J. Brebeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 26 1934*

22. I HEREBY CERTIFY, that I attended deceased from *Feb 23 1934*, to *Feb 26 1934*
I last saw him alive on *Feb 26 1934* Death is said to have occurred on the date stated above, at *9:30 am*.

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

Erysipelas of Perineum 2-20
apud abdomen
Sanguine of Perotum
Ischaemic Obes 2-9

Other contributory causes of importance:

Diabetes Mellitus

Name of operation *None* Date of.....
What has confirmed diagnosis? *Clinical* Was there an autopsy? *Yes*

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? *No* 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) *John Schubauer* M. D.

(Address) *St. Anne Hospital*

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.

