

SEP 1 1935

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

Do not use this space.

28323

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. _____
Township _____ Primary Registration District No. 6248B Registered No. 310
City Jefferson Barracks (No. Veterans Administration Facility) St. _____ Ward _____

2. FULL NAME STULL, Charles Louis

(a) Residence, No. 718 S. Washington St. _____ Ward. Duquoin, Illinois
(Usual place of abode) Un yrs. kno mos. wn 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 <u>Mattie Stull</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 16, 1887</u>		
7. AGE YEARS 47	MONTHS 11	DAYS 14
If LESS than 1 day,hrs. ormin.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ice Salesman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Ice & Dairy Company</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1931</u>	
11. Total time (years) spent in this occupation <u>7 yrs.</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mulkey Town Illinois</u>		
FATHER	13. NAME <u>Malcolm Stull</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin County Illinois</u>	
	15. MAIDEN NAME <u>Belle Crippin</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Benton Illinois</u>	
	17. INFORMANT <u>W. C. Gibson, M.D., Chief Med. Officer</u> (ADDRESS) <u>Jefferson Barracks, Missouri</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Duquoin Ill</u> DATE <u>Sept 1, 1935</u>	
19. UNDERTAKER <u>Albert H. Hoppe</u> (ADDRESS) <u>429 N. Euclid</u>		
20. FILED <u>Aug 30, 1935</u> <u>A. Mowery</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935, 19....., to August 30, 1935, 19.....
I last saw him alive on August 30, 1935, 19..... Death is said to have occurred on the date stated above, at 10:00 m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach
Date of onset Unkn.

Other contributory causes of importance:
None

Name of operation None Date of Physical examination, clinical manifestation and autopsy findings.
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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.
cer
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. C. Gibson, M.D., Chief Med. Officer M. D.
(Address) Vet. Adm. Facility, Jefferson Barracks, Mo.

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.

JUN 27 1944