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1939

REC'D MAR 9 1939

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

7745  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township Clayton Primary Registration District No. 101 Registered No. 375

(c) City Clayton (d) Street No. 6300 Forsythe Blvd. St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sarah Susan Bullock

(a) Residence, No. 6300 Forsythe Blvd. St.  (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard B. Bullock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1853

7. AGE YEARS 85 MONTHS 3 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, England

13. NAME James Absolom

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, England

MOTHER

15. MAIDEN NAME Catherine Spillane

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, England

17. INFORMANT (ADDRESS) Richard A. Bullock, 620 Polo Drive, Clayton.

18. BURIAL, CREMATION, OR REINTERMENT PLACE Bellefontaine DATE March 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wagoner Und. Co., 3621 Olive St.

20. FILE MAR 1 1939 GR Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/28 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1939, to Feb 28, 1939

I last saw him alive on Feb 28, 1939. Death is said to have occurred on the date stated above, at 10:00 P.M.

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

Chronic myocardial

Hyperloemia

Other contributory causes of importance: 97C

Name of operation Date of

What test confirmed diagnosis? 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) W. S. Bullock M. D.

(Address) 3903 Olive

*Dr. W. ...*  
*3903 Olive St.*

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**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 .....

Registered Apprentice No. ...., working under my personal supervision

Signed

*Neville R. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive St.*

**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 this body is not embalmed, above space should be left blank.**