

RECORDED MAY 10 1939

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

13377
Do not use this space.

791
1003

3719

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis Mo. (d) Street No. Deaconess Hosp. Registered No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

(a) Residence, No. 5423 Odell. St. 13
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3rd, 1930.		
7. AGE YEARS 8	MONTHS 11	DAYS 18
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School Child.	
	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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.		
FATHER	13. NAME John Bulcock	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.	
MOTHER	15. MAIDEN NAME Dorothy Hally	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.	
17. INFORMANT Wm. Hally (ADDRESS) Sunset Hills Country Club		
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE Apr. 22, 1939		
19. FUNERAL DIRECTOR (NAME) A. H. Hoppe Inc. (ADDRESS) 4700 Washington Ave.		
20. FILED APR 21 1939 J. B. Buddek Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4/20 1939**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **4 P. m.**

The principal cause of death and related causes of importance were as follows:
**Laceration and Haemorrhage of Brain
Fracture of Skull, suffered when struck by ball during game by me Joseph
Jewellhart, in front of school 5329
Plumb St. about 2:30 p.m. April 20, 1939**

Date of onset

Other contributory causes of importance:
**We would further remark that some
egging mistake to prevent auto
from parking in front of school building
having returned home of the city**

Name of operation..... Date of.....

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. **Accident** Date of injury **4/20 1939**

Where did injury occur? **St. Louis Mo**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
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) **Alfred H. Perry** M. D.
(Address) **Deputy Coroner**

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.

1 X16605

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

J. G. Sullivan

Licensed Embalmer No. *1122*

P. O. Address *St. Louis, Mo*

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.