

FILED MAR 12 1940

791

Primary Registration District No.

1003

Registrar's No.

1851

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Lukes Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether

In this community \_\_\_\_\_  
years, months or days)3. (a) PRINT NAME WARNER FOO  
FULL NAME Gordon Pulliam3. (b) If veteran,  
name war \_\_\_\_\_3. (c) Social Security  
No. 363-18-71354. Sex Male 5. Color or race White  
6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife Hazel Pulliam6. (c) Age of husband or wife if  
alive 20 years7. Birth date of deceased May 5 1917  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
22 9 16 hr. min.9. Birthplace Texas  
(City, town, or county) (State or foreign country)10. Usual occupation Clerk11. Industry or business Miss. Valley Trust Co.12. Name Warner G. Pulliam13. Birthplace Ky.  
(City, town, or county) (State or foreign country)14. Maiden name Barbara Griffith15. Birthplace Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature W. R. Griffith(b) Address R.R. #2 Creve Cour Mo.17. (a) Burial (b) Date thereof 2-24-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Memorial Park Cem.18. (a) Signature of funeral director Drehmann-Harral(b) Address 1905 Union Blvd19. (a) FEB 23 1940 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County St. Louis  
 (c) City or town Creve Cour (Rural) NR  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Olive St. Rd. R.R. #2  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 21  
year 1940 hour 3 minute 50 P. M.21. I hereby certify that I attended the deceased from 2-5-40  
\_\_\_\_\_, 19\_\_\_\_, to 2-21-40, 19\_\_\_\_;  
that I last saw him alive on 2-21-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.Immediate cause of death HemorrhageDuration  
5 daysDue to Perinephritic abscess with intra abdominal exudate 4 months  
Due to a previous septicemia in 1938.Other conditions 1330  
(Include pregnancy within 3 months of death)Major findings:  
Of operations Subacute Gall Bladder  
Perinephritic abscess with intra  
abdominal exudate.  
Of autopsy Perinephritic abscess - intra abdominal exudate

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) Hemorrhage  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_23. Signature E. O. Martin M.D. (M. D. or other)Address 3720 Washington Ave Date signed 2/23/40

3720, Kaskaskia  
1-3

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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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

**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.**