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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36847
State File No. 9120
Registrar's No.

Registration District No. **7911**

Primary Registration District No. **1003**

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days
(Specify whether years, months or days)

In this community _____

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4815 McKISsock Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Albert Tullock

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 3, 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Wash (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Unemployed

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John T. Benton

(b) Address 4815 McKissock, St. Louis, Mo.

17. (a) Burial (b) Date thereof Nov. 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director W. A. Stock

(b) Address 2117 East Grand, St. Louis, Mo.

19. (a) NOV 6 1940 (b) JO BUDDEK
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5, year 1940 hour 12:10 minute A. M.

21. I hereby certify that I attended the deceased from October 27, 1940, to November 5, 1940; that I last saw him alive on November 5, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative heart disease

Due to Gen. Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____

(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)

(e) Means of injury _____

23. Signature R. J. Maxwell (M. D. or other) _____

Address 153 Lafayette Ave. Date signed 11/6/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 *Frank C. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Main*

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, fact should be so stated above.