

JAN 8 1941
Registration District No. 284

Primary Registration District No. 210

Registrar's No. 2288

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

1. PLACE OF DEATH: St. Louis County
 (a) County.....
 (b) City or town..... Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Admitted 12/2/40
 (Specify whether
 In this community..... unknown
 years, months or days) 3

3. (a) PRINT FULL NAME Harry V. Bullard
 3. (b) If veteran, name war World War 3. (c) Social Security No. Yes - not remembered.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years 1895
 7. Birth date of deceased Oct. 3
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>2</u>	<u>0</u>	hr. min.

9. Birthplace Keenes, Illinois
 (City, town, or county) (State or foreign country)
 10. Usual occupation Mechanic

11. Industry or business -
 MOTHER FATHER {
 12. Name Robert Bullard
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Lou Jones
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling
 (b) Address Clinical Clerk, VAF, Jeff. Bk., Mo.
 17. (a) Removal (b) Date thereof 12/4/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Keenes, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Ave.
 19. (a) DEC 3 1940 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County.....
 (c) City or town..... Keenes
 (If outside city or town limits, write "RURAL")
Box 22
 (d) Street No.....
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 3rd
 year 1940 hour 3:55 minute 9 a.m.

21. I hereby certify that I attended the deceased from Dec. 2, 19 40 to December 3, 19 40
 that I last saw him alive on December 3, 19 40
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes arteriosclerotic heart disease, coronary occlusion and myocardial insufficiency. Duration Unkn.

Due to -
 Other conditions Diabetes mellitus, severe, and chronic nephritis with edema. Unkn. PHYSICIAN
 (Includes pregnancy within 3 months of death)
 Major findings: -
 Of operations -
 Of autopsy No autopsy.

Underline the cause to which death should be charged statistically.

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? [Signature] (Specify type of place) (e) Means of injury.....
 23. Signature C. W. HUGHES, M.D. (M. D. or other) 1
Chief Medical Officer. Address..... Date signed 12/5/40

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.....

Albert G. Lapp

Licensed Embalmer No.....

2971

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, fact should be so stated above.