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No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8876**
Registrar's No. **2286**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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 11 Days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0006
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5945 Highland
(If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Corwin Bull

3. (b) If veteran, name war None
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 Emma Bull
6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November 13, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 28
If less than one day
hr. _____ min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business retired

12. Name Samuel Bull

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

14. Maiden name Mary Corwin
(City, town, or county) (State or foreign country)

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

16. (a) Informant Emma Bull

(b) Address 5945 Highland

17. (a) Burial (b) Date thereof 3/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester
19. (a) MAR 12 1941 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 11,
year 1941 hour 12:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from March
1, 19 41 to March 11, 19 41
that I last saw him alive on March 11, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Duration _____

Due to Cystitis
pelvic
of Syphilis

Due to _____

Other conditions _____
(Include pregnancy within 8 months of death)

Major findings:
Of operations _____

Of autopsy 24

PHYSICIAN

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? _____ (Specify type of place)
(e) Means of injury 0

23. Signature M. M. Kail (M. D. or other) 0
Address 1515 Lafayette Ave. Date signed 3/11/41

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

0
17
9

5

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..... *Flora Eynck*.....

Licensed Embalmer No. *1284*

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, fact should be so stated above.