

No. 2
4-13-40
5-17-39
X23159

APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9438

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2848

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: BARNES HOSPITAL
(d) Length of stay: In hospital or institution 1 day
In this community years, months or days

3. (a) PRINT FULL NAME Helen Bullard
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female / 5. Color or race white
6. (a) Single, widowed, divorced, or widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 18 1855
(Month) (Day) (Year)

8. AGE: Years 85 Months 4 Days 12
If less than one day hr. min.

9. Birthplace 1 Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Tom Harp

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

14. Maiden name Cecelia Reed

15. Birthplace 1 Maryland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cecelia Betting
(b) Address 117 E. Jefferson - Kirkwood, Mo.
(c) Place: burial or cremation Burial
(d) Date thereof 4/2/41
(Month) (Day) (Year)

(e) Signature of funeral director Louis H. [unclear]
(f) Address 1312 Argonne - Kirkwood, Mo.

19. (a) MAR 31 1941 (b) J. W. [unclear]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Kirkwood, Mo.
(d) Street No. 117 E. Jefferson Ave
(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 30
year 1941 hour 7⁰⁰ minute P M.

21. I hereby certify that I attended the deceased from Mar 29 1941 to Mar 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic coma
Duration 4 days

Due to Cystitis and gangrene of rt foot 2 mo.
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
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?
(Specify type of place) (e) Means of injury

23. Signature F. R. Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed

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

910

9643

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 *John M. Meyer*
Licensed Embalmer No. *3288*
P. O. Address *340 W. Edmond Ave
Tulsa, Okla.*

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.