

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

PRIED MAY 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12521

Registrar's No. 2951

Registration District No. 791

Primary Registration District No. 1003

00
17
9

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

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. Luke's Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Jersey

(c) City or town Fieldon NR 11 0
(If outside city or town limits, write "RURAL")

(d) Street No.....
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Rosalie Lucenda Bull

3. (b) If veteran, name war No.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1941 hour before minute 10 A. M.

21. I hereby certify that I attended the deceased from 3/28/41, 19... to 4/1/41, 19...; that I last saw her alive on 4/1/41, 19...; and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Child

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

7. Birth date of deceased Oct. 19 1937
(Month) (Day) (Year)

Immediate cause of death.....

Brain tumor, Benign

Due to.....

Due to.....

Other conditions 56 d
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

37 5 20 hr. min.

9. Birthplace Fieldon Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Child

Major findings: Of operations Brain tumor

Of autopsy No autopsy

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name Asher Bull

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

14. Maiden name Olava Spry

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

16. (a) Informant Asher Bull

(b) Address Fieldon, Ill.

17. (a) Removal (b) Date thereof 4/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fieldon, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) APR - 3 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) 0

Address 4852 Maryland Date signed 4/3/41

St. Louis, Mo

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.....

Licensed Embalmer No.....

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.

No Embalmed