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JAN 24 1942

STANDARD CERTIFICATE OF DEATH

State File No.

791

Registration District No.

Primary Registration District No.

1003

Registrar's No. 10343

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 U
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 9000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1445 1/2 JOHN AVE 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Anna Fornoff

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WID
6. (b) Name of husband or wife PHILLIP 6. (c) Age of husband or wife it alive years
7. Birth date of deceased AUG 25 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 2 If less than one day hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business.

MOTHER FATHER { 12. Name FERDINAND PULLMANN
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name LUCIA ROLOFF
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roseburg

(b) Address 502 1/2 Westminter

17. (a) BURIAL (b) Date thereof 12-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE CEM.

18. (a) Signature of funeral director Robert A. Haggel

(b) Address 4700 Washington

19. (a) DEC 29 1941 (b) J. F. Burdick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27,
year 1941 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from December 5, 1941, to December 27, 1941.
that I last saw h. or alive on December 27, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular thrombosis
left mid-cerebral art. 4 days
Due to Gen. arteriosclerosis

Due to Old cerebrovascular thrombosis
at antinatalistic artery 1 yr.
Other conditions left hemiplegia
(Include pregnancy within 3 months of death)

Major findings: Mononucleosis L. personal PHYSICIAN
Of operations
Of autopsy none 835
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) While at work? (e) Means of injury
23. Signature R. J. Mulligan (M. D. or D. O.)
Address 1515 Lafayette Ave Date signed 12/29/41

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

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 B. Hoppel

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.