V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

27139

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 3 19[illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7632

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one day. (Specify whether

In this community 27 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17

(c) City or town St. Louis. 924 (If outside city or town limits, write "RURAL")

(d) Street No. 2817 McNair ave. (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Nina O. Tullock.

3. (b) If veteran, name war no

3. (c) Social Security No. -----

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dan Tullock.

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased June (Month) 28 (Day) 1916 (Year)

8. AGE: Years 27 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Missouri. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Carl Gibson.
13. Birthplace Kentuckey. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Rossetta Smith.
15. Birthplace Kentuckey. (City, town, or county) / (State or foreign country)

16. (a) Informant Dan Tullock

(b) Address 2817 McNair ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 8/27/43. (Month) (Day) (Year)

(c) Place: burial or cremation Calvary.

18. (a) Signature of funeral director Jan. C. Maxwell

(b) Address 1926 Allen Ave.

19. (a) AUG 25 1943 (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August. day 25th year 1943 hour 3 minute 35 a M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage right lobe. 1

Due to

Due to 83

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

While at work? (e) Means of injury 3

23. Signature Alfred Perry (M. D. or other)

Address Olympia Conn. Date signed 8/25/43

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen ave

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.