

LED NOV 18 1943

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis

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

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

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town St. Louis 3 17
(If outside city or town limits, write "RURAL")

(d) Street No. 6247 Hoffman Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SYLVIA M. BULTITUDE

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

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

6. (b) Name of husband or wife Thomas A. Bultitude 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 19th 1897
(Month) (Day) (Year)

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

46 6 17 hr. min.

9. Birthplace Salem Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Weleh

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

14. Maiden name Joan Pace

15. Birthplace Salem Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas A. Bultitude

(b) Address 6247 Hoffman Ave.

17. (a) Burial (b) Date thereof 11-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Hiesgbauer Mortuaries

(b) Address 4228 So. Broadway

19. (a) NOV 6 1943 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5th
year 1943 hour 3:45 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage of Brain. Fracture of right leg when the automobile in which he was due to a passenger being driven by one Audrey Lightfoot collided with one bus being operated by one John Henry Bender at the intersection of California and Berger ave about 12:30 pm 10-31-43

Other conditions 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) Accident, road

(b) Date of occurrence 10-31-43

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in _____ about home, on farm, in industrial place, in public place?
Public Place

While at work? No (Specify type of place) (e) Means of injury Automobile

23. Signature Thomas F. Callahan (Date signed) 11-6-43
Address Deputy Coroner Date signed _____

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 *Charles M. Mc Dermott*
Licensed Embalmer No. *3024*
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.