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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1944

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 8203

Registration District No. 317 Primary Registration District No. 3069 Registrar's No. 592

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**1. PLACE OF DEATH:**
(a) County St. Louis
(b) City or town Richmond Heights, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. 7543 Buckingham Dr.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Blanche Isadora Bulfin
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, married, divorced Widowed
6. (b) Name of husband or wife John F. Bulfin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February (Month) 13 (Day) 1877 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 67 | 0 | 23 | hr. min. |

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Oswin J O'Brien
13. Birthplace Unknown (City, town, or county) New York 1 (State or foreign country)
MOTHER
14. Maiden name Julia M Steinbach
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Mrs Blanche O'Donnell
(b) Address 421 E. Jackson Rd Webster Groves Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul
18. (a) Signature of funeral director Mittelberg Fun. Home
(b) Address Webster Groves, Mo.
19. (a) MAR 9 1944 (Date received by local registrar) (b) E. G. McGraven, MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 6 year 1944 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan. 25, 1944 to March 6, 1944 that I last saw h alive on March 6, 1944 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral hemorrhage | 3/2/44 |
| Due to Subarachnoid hemorrhage | 1/25/44 |
| Due to Hypertension disease | 1942 |
| 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)
While at work? (e) Means of injury 0
23. Signature [illegible] (M. D. or other)
Address 19 E. Lockwood Date signed 3/6/44

(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.....

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

working under my personal supervision.

Signed John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo.

**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.**