. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15071

FILED JUN 4 1945 318

State File No. 4676

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

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:
Alexian Brothers Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 24

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

(d) Street No. 3440 De Kalb St.
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Herman Dulle

3. (b) If veteran, name war .....

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

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Ida

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

7. Birth date of deceased January (Month) 12 (Day) 1861 (Year)

8. AGE: Years 84 Months 4 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany 1 (State or foreign country)

10. Usual occupation Retired Dairyman 1

11. Industry or business .....

FATHER
12. Name ? Dulle
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Harry Dulle
(b) Address 3230 S. Ninth St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director John H. Gibbon Sons
(b) Address 2630 Gravois Ave.

19. (a) MAY 27 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th year 1945 hour 6.30 minute P M.

21. I hereby certify that I attended the deceased from May 1, 1945 to May 24, 1945 that I last saw him alive on May 23, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	3 yrs
Due to arteriosclerosis	3 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death): none	
Major findings: Of operations: none	
Of autopsy: none	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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 [illegible] (M. D. or other) [illegible]

Address 3318 S. Grand Date signed 5-26-45

(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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois 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.