

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **252**
Registrar's No. **675**

FILED FEB 31 1946

Registration District No. **318** Primary Registration District No. **1003**

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-Max G. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole
(c) City or town Jefferson Township
(If outside city or town limits, write "RURAL")
(d) Street No. R R #1
(If rural, give location) NR
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mayme Dulle
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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 5 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 17th
year 1946 hour 10:55 minute P M.
21. I hereby certify that I attended the deceased from 1/15/46
_____, 19____, to 1/17/46, 19____;
that I last saw her alive on 1/17/46, 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>7</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Far advanced pulmonary tuberculosis
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
Duration 1 mo.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Jefferson City Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

MOTHER FATHER

11. Industry or business _____
12. Name John Bernard Dulle
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Agnes Mary Vandervent
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Hadwich
(b) Address Jefferson City, Mo.
17. (a) Burial (b) Date thereof 1-21-46
(Burial, cremation or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson City, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JAN 21 1946 (b) J. F. Bredeck
(Date received by Registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Nature of injury _____
23. Signature Jackson Sr. 1515 Parayette 1/18/46 (or other) _____
Address _____ Date signed 1-18-46

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..... *R. W. Wilkinson*.....

..... Licensed Embalmer No. *3575*.....

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.