

FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**Primary Registration District No. **1003**Registrar's No. **4502**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Missouri Pacific Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT
FULL NAMEB. Fred Barnes Bulger3. (b) If veteran,
name war. ---3. (c) Social Security
No. ---4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Evelyn B.6. (c) Age of husband or wife if
alive 72 years7. Birth date of deceased. May
(Month)16th
(Day)1871
(Year)

8. AGE:

Years
75Months
0Days
1If less than one day
hr. min.

9. Birthplace

BarnesvilleOhio

(City, town, or county)

(State or foreign country)

10. Usual occupation

Grocer

11. Industry or business

3607 CastlemanGeorge Bulger

13. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name

Unknown

15. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

(a) Informant

Beulah A. Bulger

(b) Address

3607 Castleman, St. Louis, Mo.17. (a) burial

(b) Date thereof

May 20, '46

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Sunset Burial Park

18. (a) Signature of funeral director

Wanda Aldrich

(b) Address

3634 Gravois, St. Louis, Mo.19. (a) MAY 20 1946

(Date received local registrar)

J. F. Bredeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3607 Castleman Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 17
 year 1946 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from
April 30, 1946 to MAY 17, 1946
 that I last saw him alive on MAY 17, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death

CARDIAC failure

Duration

Due to

DEGENERATIVE HEART
disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

BENIGN PROSTATIC
HYPERTROPHY

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

Emile J. Datsch (M. D. or other)

Address

4751 A. Grand Blvd

Date signed

5/20/46

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 Wheeler*.....

Licensed Embalmer No. *2178*.....

P. O. Address *Waukegan*.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of Mo
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 4502

On this 27 day of May, 1946, before me appears Albert J. Knapp, who, upon his oath, states that the original record of birth death for Fred B. Bulger, died born May 17, 1946, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

- Item No. 2 should read Fred B. Bulger
Instead of " Barnes "
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

announced
5/27/46

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wacker H. Duda, Recorder
per Albert J. Knapp Relationship.
3634 Evans Ave
Present Address.

Subscribed and sworn to before me this 27 day of May, 1946

My Commission expires 3/4/49 Wacker H. Duda Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

18238