

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10003
State File No. _____
Registrar's No. 11112

FILED JAN 27 1947

Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 hours
(Specify whether
In this community _____
years, months or days) 1

3. (a) PRINT FULL NAME Alfred Pulley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 23 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 2 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Natches Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

MOTHER FATHER { 11. Industry or business _____
12. Name Thomas Pulley
13. Birthplace Natches Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Heneretta Pulley
(b) Address 3120 Evans Ave.

17. (a) Burial (b) Date thereof 12-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Natches Miss.
Ellis - Fun, Home

18. (a) Signature of funeral director _____
(b) Address 2820 Stoddard St.

19. (a) DEC 26 1946 (b) Alfred Pulley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boo
(c) City or town St Louis
(If outside city or town limits, write "RURAL") 11/7
(d) Street No. 3820 Evans Ave
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21
year 1946 hour 10.00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Due to Labor. Pneumonia
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 106

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____ 3

23. Signature Alfred Pulley (M. D. or other) _____
Address Deputy Coroner Date signed 1/22/47

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

L. Boykin

....., Registered Apprentice No.

My

working under my personal supervision.

Signed

Lomnie Boykin

Licensed Embalmer No.

2946

P. O. Address

St Louis 6 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.