

No. 2  
12-45  
17-33  
FILED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2120**

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:  
**Barnes Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Williamson 999**  
(c) City or town **Marion**  
(If outside city or town limits, write "RURAL") **NR!!**  
(d) Street No. **1001 N. Market**  
(If rural, give location) **0**  
(e) Citizen of foreign country?..... (Yes or No) **2**  
If yes, name country.....

3. (a) PRINT FULL NAME **Elsie Pulley**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Married**

6. (b) Name of husband or wife **Melvin Pulley** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **August 8 1880**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**66 6 20** hr. min.

9. Birthplace **Crab Orchard Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Leroy Norman**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Clema Hastings**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Christeva Rix**

(b) Address **1001 N. Market, Marion, Ill.**

17. (a) **Removal** (b) Date thereof **3-1-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marion, Ill.**

18. (a) Signature of funeral director **Wilson**

(b) Address **Marion, Ill.**

19. (a) **MAR 2 1947** (b) **J. J. Bredeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **28**  
year **1947** hour **3** minute **40** 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 **Subdural hemorrhage**  
**of brain 2 fracture of skull**  
**after she jumped from second**  
**floor porch building room**  
**2110 Barnes Hospital which**  
**she won a job interview**  
**11:30 A.M. Feb 28 1947**

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations..... **None**  
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) **suicide**

(b) Date of occurrence **Feb 28 1947**

(c) Where did injury occur? **at home**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Barnes Hospital**

While at work?..... (Specify type of place) (c) Manner of injury

23. Signature **Dr. Alfred Perry** (M. D. or other)

Address..... Date signed **3/2/47**

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.....

*Henry M. Brammer*

..... Licensed Embalmer No.....

*4200*

..... 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.**