

S. No. 2
M-5-43
5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10624

FILED MAR 31 1947

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2997

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis, Mo.
(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 1 day
(Specify whether years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME James Bullock

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Bullock
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased April 13 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 11 6 hr. min.

9. Birthplace Hayden Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Unknown
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)

16. (a) Informant Lloyd Bullock
(b) Address 6227 Wyoming Ave.

17. (a) Burial (b) Date thereof 3-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hayden, Mo.

18. (a) Signature of funeral director Albert H. Hopper
(b) Address 4700 Washington Blvd.
2013

19. (a) (Date received local registrar) (b) J. F. Brodeur
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1947 hour 12 minute 35 P.M.
21. I hereby certify that I attended the deceased from March 18
18 1947 to March 19 1947;
that I last saw him alive on March 19 1947;
and that death occurred on the date and hour stated above.
Immediate cause of death Shock

Due to hemorrhage
Due to metastatic carcinoma of pit.
Other conditions: H2
(Include pregnancy within 3 months of death)

Major findings: metastatic carcinoma of pit.
Of operations metastatic carcinoma of pit.
Of autopsy

Duration
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 F. R. Brishley (M. D. or other)
Address Barnes Hospital Date signed 3-19-47

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.