S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 28905

Registrar's No. 7571

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 702 Bittner St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ooo

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 702 Bittner St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William J. Bull

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married/

6. (b) Name of husband or wife Emma Bull nee Meyer

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May 4, 1885 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	3	3	hr. min.

9. Birthplace London England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Cement finisher /

11. Industry or business

FATHER
12. Name Wm. Bull
13. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace London England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Bull
(b) Address 702 Bittner St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.
(b) Address 2161 East Fair Ave

19. (a) AUG 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7th year 1947 hour 9:30 PM minute M.

21. I hereby certify that I attended the deceased from January, 1945, to 8/7, 1947 that I last saw him alive on 8/7, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion —	1 hour
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. V. Chopin (M. D. or other)
Address 8548 Church Rd Date signed 8/9/47
G. V. CHOPIN

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 William G. Buchholz,

Licensed Embalmer No. 2110

P. O. Address St. Louis, 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.