

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5924

REG. DIST. NO. 318

PRIMARY REG. DIST. 1003

Registrar's No. 1020

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: admission before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 4 d. STREET ADDRESS (If rural, give location) 5743 Walsh St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lutheran Hospital		c. CITY (If outside corporate limits, write RURAL and give township) 2149 TOWN St. Louis	
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) ARNOLD BULLMER		4. DATE OF DEATH (Month) (Day) (Year) Feb. 16 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 4, 1886
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer (Retired)	
11. BIRTHPLACE (State or foreign country) City of St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? St. Louis, Mo.	
13a. FATHER'S NAME George Bullmer		13b. MOTHER'S MAIDEN NAME Louise Frank	
14. NAME OF HUSBAND OR WIFE Katherine Bullmer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Katherine Bullmer 6517 Parkwood Pl.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 6 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis - Hypertension? DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 331X		22. I hereby certify that I attended the deceased from 2/10 1951, to 2/16 1951, that I last saw the deceased alive on 2/15 1951, and that death occurred at 10:40 A.M., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) J. H. Schumacher M.D.		23b. ADDRESS 6811-9 Grand	
23c. DATE SIGNED 2/17/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Feb. 19, 1951		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshausler 4228 S. Kingshighway Bl.	
DATE REC'D BY LOCAL REG. FEB 18 1951		REGISTRAR'S SIGNATURE J. B. Lasater	

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Edwin M. Dermott

Licensed Embalmer No. 3024

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.