

FILED APR 9 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9934  
Registrar's No. 3008

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		State File No. 9934		Registrar's No. 3008					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis			c. LENGTH OF STAY (In this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR 2 TOWN St. Louis			2027				
d. FULL NAME OF HOSPITAL OR INSTITUTION 5916 Hampton				d. STREET ADDRESS (If rural, give location) 5916 Hampton									
3. NAME OF DECEASED (Type or Print) Evelyn		a. (First)		b. (Middle) B.		c. (Last) Bulger		4. DATE OF DEATH (Month) (Day) (Year) 3/29/51					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Aug. 26, 1870		9. AGE (In years last birthday) 77.80		10. F UNDER 1 YEAR Months Days		11. F UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil				10b. KIND OF BUSINESS OR INDUSTRY ---				11. BIRTHPLACE (State or foreign country) Indiana /			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Unknown Anderson				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Fred					
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 Beulah A. Bulger-5916 Hampton					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>17th does not mean the mode of dying, such as apoplexy, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>arterio-sclerotic Heart Disease</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH 24 mths +					
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) (Min.)							
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H200</i>											
22. I hereby certify that I attended the deceased from <i>8/15<sup>th</sup></i> , 19 <i>49</i> , to <i>11/27</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>Nov. 27</i> , 19 <i>50</i> , and that death occurred at <i>4:30 p. m.</i> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <i>Benjamin H. Charles, Jr. D.O.</i>				23b. ADDRESS 3720 Washington Blvd., St. Louis				23c. DATE SIGNED 3/30/51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/2/51		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri							
DATE REC'D BY LOCAL REG. MAR 31 1951		REGISTRAR'S SIGNATURE <i>J. B. Koster</i>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wacker-Helders 3634 Gravois</i>							

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

Copy by off. May 1951

**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.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Robert Wheeler*.....

Licensed Embalmer No. *2128*.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 9934

State of Missouri  
County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 3008

On this 11th day of April, 1951, before me appears Thomas

S. Loy, who, upon his oath, states that the original record of birth

for Evelyn B. Bulger died 3-29-1951, 19    , in the State of

Missouri, and which was filed at St. Louis on March, 1951, should be corrected as follows:

Item No. 8 should read Aug. 26 1870

Instead of Aug. 26 1873

Item No. 9 should read Age 80

Instead of Age 77

Item No.      should read     

Instead of     

The above is true to the best of my knowledge, information and belief. Wacker - Helderle Ltd. Liv Co

(SEAL) Affiant Per Thos. S. Loy Secy Fun. Dir. Relationship     

3634 Gravois

Present Address.     

Subscribed and sworn to before me this 11th day of April, 1951.

**MY COMMISSION EXPIRES NOVEMBER 24, 1954** Frank E. Frederick Notary Public.

My Commission expires     

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135  
8-43  
X 37817