

No. 300  
10.48

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25650

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 367 Registrar's No. 2721

1. PLACE OF DEATH  
a. COUNTY St. Louis 495  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Hts.  
c. LENGTH OF STAY (In this place) 3 DAYS  
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).  
a. STATE Mo. b. COUNTY St. Louis  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 68 Kirkwood 4683  
d. STREET ADDRESS (If rural, give location) 540 Goethe Ave. 1

3. NAME OF DECEASED  
a. (First) THERESA b. (Middle) \_\_\_\_\_ c. (Last) TULLMANN

4. DATE OF DEATH (Month) (Day) (Year) July 20 1951

5. SEX Female 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH May 15, 1881

9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 1 WEEK Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Austria 4

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MATTHIAS HODWAGNER

13b. MOTHER'S MAIDEN NAME CATHERINE FONER

14. NAME OF HUSBAND OR WIFE Louis Tullmann

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. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis Tullmann 540 Goethe Ave.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral thrombosis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) arteriosclerotic heart disease  
DUE TO (c) arteriosclerosis general (estimated)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. hephtitis, chr. glomerular

INTERVAL BETWEEN ONSET AND DEATH  
6 days  
16 months  
7 months

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION 4200

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Dec 18, 1948, to July 20, 1951, that I last saw the deceased alive on July 20, 1951, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. H. Bockelman M.D.

23b. ADDRESS 2615 Brentwood Blvd.

23c. DATE SIGNED 7/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 23, 1951

24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.

24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. 7-21-51

REGISTRAR'S SIGNATURE Hubert R. Bomb...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.

WRITE PLAINLY—USING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Richard W. Stovesan*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

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.