

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **31770**

FILED SEP 22 1951

318**1003**Registrar's No. **7762**

| | | | | | | | |
|---|--|---|---------------------------------------|---|--|--|---------------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | State File No. 31770 | |
| 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 township) OR TOWN ST. LOUIS, | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, | | 2179 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4955 THRUSH AVE | | | | d. STREET ADDRESS (If rural, give location) 4955 THRUSH AVE | | | |
| 3. NAME OF DECEASED (Type or Print) GEORGE | | | a. (First) | b. (Middle) | c. (Last) PULLEN | 4. DATE OF DEATH (Month) (Day) (Year) 8 31 51 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 10/18/1885 | | 9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITOR | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) ENGLAND 4 | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME CHARLES PULLEN | | 13b. MOTHER'S MAIDEN NAME ELLEN WATSON | | 14. NAME OF HUSBAND OR WIFE GLADYS PULLEN | | | |
| 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 GLADYS PULLEN 4955 THRUSH 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Primary carcinoma of left lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 162-X | | | | | |
| 22. I hereby certify that I attended the deceased from DEC , 19 50 , to Aug 31 , 19 51 , that I last saw the deceased alive on 8-30 , 19 51 , and that death occurred at 12:20m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE H. W. Knapp | | | (Degree or title) D.O. | | 23b. ADDRESS 4981 1/2 THRUSH AVE | | 23c. DATE SIGNED 8-31-51 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 24b. DATE 9/1/51 | 24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO. | | | |
| DATE REC'D BY LOCAL REG. SEP 1 1951 | | REGISTRAR'S SIGNATURE J. Earl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL | | | ADDRESS 1600 NATURAL BRIDGE |

(Licensed Embalmer's Statement on Reverse Side)

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.....

Albert Mayfield

Signed.....

Student Embalmer

Licensed Embalmer No. *3077*

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.