

MAY 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14099**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3810**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis,	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 43	
c. CITY (If outside corporate limits, write RURAL and give township) City of Ladue.		d. STREET ADDRESS (If rural, give location) 9701 Clayton Road.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) ABSOLOM	
		c. (Last) BULLOCK.	
4. DATE OF DEATH (Month) April (Day) 22 (Year) 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH (In years last birthday) July 31, 1882. IF UNDER 1 YEAR Months 69. IF UNDER 12 HRS. Hours 0 Mins. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Realtor.		10b. KIND OF BUSINESS OR INDUSTRY Real Estate.	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Richard B. Bullock.		13b. MOTHER'S MAIDEN NAME Sarah Absolom.	
14. NAME OF HUSBAND OR WIFE Rosalind H. Bullock.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (If yes, give war or dates of service)) Yes. W.W.I.		16. SOCIAL SECURITY NO. No.	
17. INFORMANT'S SIGNATURE OR NAME Mrs J. A. Bullock #9701 Clayton Road.		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) Male does not mean a mode of dying, such as heart failure, asthma, etc. It means the direct or indirect complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage. INTERVAL BETWEEN ONSET AND DEATH 4 days. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 June 1, 1952 , to April 21, 1952 , that I last saw the deceased alive on April 21, 1952 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE W. St. Brown M.D.		23b. ADDRESS 3903 Olive	
23c. DATE SIGNED 4/24/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/23/52.	
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery.		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE REC'D BY LOCAL REG. APR 22 1952		REGISTRAR'S SIGNATURE Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons		ADDRESS 7233 Delmar Blvd	

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

mJB (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Arnold W. Schene

Licensed Embalmer No. 3864

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. 14099
Local Registrar's No. 3810 ⁵³

State of Missouri
City of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 1953, before me appears _____
C.R. Lupton & Sons, who, upon their oath, states that the original record of ~~birth~~ death
for James Absolom Bullock died April 21- ~~20~~, 1952, in the State of
Missouri, and which was filed at St. Louis, Mo. on Apr. 22, 1952 should be corrected as follows:

- Item No. 4 should read April 21-1952
Instead of _____ April 22-1952
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant C.R. Lupton & Sons Undtk.
Per W. C. Ham Relationship.
7233 Delmar Blvd., St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 30th day of June, 1953

My Commission expires 3-4-57 Ella C. Paddock Notary Public.

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

