

STANDARD CERTIFICATE OF DEATH

State File No. 29178BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 271

1. PLACE OF DEATH a. COUNTY <u>St. Francois 0940</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois 074</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Santree</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Santree</u>	
c. LENGTH OF STAY (in this place)		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Eli</u> b. (Middle) <u>Edward</u> c. (Last) <u>Pullen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 28, 1952</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8-17-1884</u>		9. AGE (In years last birthday) <u>70 yrs 10 days</u>		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired MINER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD MINES</u>			11. BIRTHPLACE (State or foreign country) <u>St. Genevieve Co., Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Mr. Edmond B. Pullen</u>			13b. MOTHER'S MAIDEN NAME <u>Mahalia Huikla</u>			14. NAME OF HUSBAND OR WIFE <u>Mabel Van Sickle Pullen</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms. Mabel Van Sickle Pullen Santree, Mo.</u>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumo-pneumonia</u>		ANTECEDENT CAUSES						9	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Pulm hemorrhage</u>						24h	
DUE TO (c) <u>Pol. sclerosis</u>		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 <u>none</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) <u>471X</u>			
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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?			
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22. I hereby certify that I attended the deceased from May, 1947, to Aug 28, 1952, that I last saw the deceased alive on 8-17, 1952, and that death occurred at 6 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. O. Sack M.D.</u>			23b. ADDRESS <u>St. Louis, Mo.</u>			23c. DATE SIGNED <u>8-24-52</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>8-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Levee View Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo.</u>			
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DATE REC'D BY LOCAL REG. <u>Aug 29, 1952</u>		REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alvin W. Hood - 303 East 3rd St. St. Louis, Mo.</u>				
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(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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *Alvin W. Hood*

Licensed Embalmer No. *2780*

P. O. Address *303 Crane St. E. Bklyn*

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.