

FILED NOV 6 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 37838

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 548		Registrar's No. 2664	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves		c. LENGTH OF STAY (In this place) 9 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 1577			
d. FULL NAME OF HOSPITAL OR INSTITUTION 417 Fairlawn				d. STREET ADDRESS (If rural, give location) 417 Fairlawn 0			
3. NAME OF DECEASED (Type or Print) MARK ANDRE BULOT			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct 13 1953	
5. SEX M O		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-4-1898	
						9. AGE (In years last birthday) 55	
						IF UNDER 1 YEAR Months Days	
						IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Safety Engineer			10b. KIND OF BUSINESS OR INDUSTRY Industrial			11. BIRTHPLACE (City and State or Foreign Country) Chicago Ill	
						12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Bulot			13b. MOTHER'S MAIDEN NAME May Huff			14. NAME OF HUSBAND OR WIFE Naomi Bulot	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			16. SOCIAL SECURITY NO. W.W.# 1			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Naomi Bulot 417 Fairlawn	
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) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Coronary artery sclerosis 2 years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201					INTERVAL BETWEEN ONSET AND DEATH 10
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?			
22. I hereby certify that I attended the deceased from March 14 1952, to Oct. 13, 1953, that I last saw the deceased alive on Oct. 13, 1953, and that death occurred at 11 ³⁰ p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Arthur J. ... M.D.</i>				23b. ADDRESS 19 E. Lockwood Ave. Webster Groves 19 Mo.		23c. DATE SIGNED 10/16/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-16-1953		24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.	
DATE REC'D BY LOCAL REG. 10/16/53		REGISTRAR'S SIGNATURE <i>Walter R. ...</i>		FUNERAL DIRECTOR'S SIGNATURE <i>F. ...</i>		ADDRESS <i>Home Webster Groves Mo.</i>	

(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.....

Leslie Welch
Licensed Embalmer No. 4395

P. O. Address Whiter Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.