

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28243

6809

 FILED SEP 1 1955
 BIRTH NO. 6122655 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>X</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>X</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>23hr 9min</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>23 2218A So. 11th</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Booth Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u>			b. (Middle) <u>Tulloch</u>		c. (Last) <u>Tulloch</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8/5/55</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>8/4/55</u>		9. AGE (In years last birthday) IF UNDER 24 RES. Hours Min. <u>23 9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ronald Gene Tullock</u>			13b. MOTHER'S MAIDEN NAME <u>Elsie Laura Carver</u>			14. NAME OF HUSBAND OR WIFE <u>-----</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-----</u>			16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ronald Tullock 2218A So 11</u>				
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) <u>Congenital atelectasis</u> 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. <u>Too Premature 30 weeks gestation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>From Birth</u>	
19a. DATE OF OPERATION <u>-----</u>		19b. MAJOR FINDINGS OF OPERATION <u>7625</u>						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) (Min.)		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 <u>Aug 4, 1955</u> , to <u>Aug 5, 1955</u> , that I last saw the deceased alive on <u>Aug 4, 1955</u> , and that death occurred at <u>3:15 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Leroy E. Ellerson M.D.</u>					23b. ADDRESS <u>3610 So 13th street St Louis Mo</u>		23c. DATE SIGNED <u>Aug 5, 1955</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 5 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS Peter & Paul Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>			
DATE REC'D BY LOCAL REG. <u>AUG 5 1955</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moydell Funeral Home-1926 Allen Ave</u>				

S. P. (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 Not Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed Reinhold K. Lohman

Signed.....
Student Embalmer

Licensed Embalmer No. 3395

P. O. Address St Louis 4 Mo

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

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