

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 30 1956

39267

STATE FILE NUMBER 9992

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| 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, give TOWNSHIP only) OR TOWN <i>St. Louis</i> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Clayton <i>4452</i> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL | | | | Length of stay in lb | | d. STREET ADDRESS #5 Carrswold (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First George Middle Benbow Last Bullock | | | | 4. DATE OF DEATH Month 11 Day 1 Year 1956 | | | |
| 5. SEX Male <input type="radio"/> | | 6. COLOR OR RACE White | | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Jan. 20, 1880 | |
| 9. AGE (In years last birthday) 76 | | IF UNDER 1 YEAR Months Days Hours Min. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder | | 10b. KIND OF BUSINESS OR INDUSTRY Self employed | |
| 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13. FATHER'S NAME Richard R. Bullock | | | | 14. MOTHER'S MAIDEN NAME Sarah Absolom | | | |
| 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. None | | 17. INFORMANT Mrs. George B. Bullock #5 Carrswold Address | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Polycythemia Vera | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 years | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Thrombosis | | | | | | 3 years | |
| DUE TO (c) | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input type="checkbox"/> | | SUICIDE <input type="checkbox"/> | | HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 294x | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from 9/7/56 , to 11/1/56 and last saw her alive on 11/1/56 Death occurred at 12:50 pm on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE F. R. Bradley (Degree or title) M. D. | | | | 22b. ADDRESS BARNES HOSPITAL | | 22c. DATE SIGNED 11/1/56 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 11-2-56 | | 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum | | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | |
| 24. FUNERAL DIRECTOR C.R. Lupton & Sons ADDRESS 7233 Delmar Blvd. | | | | 25. DATE RECD. BY LOCAL REG. NOV 2 1956 | | 26. REGISTRAR'S SIGNATURE <i>Carl Smith mo</i> | |

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.....
Signature of Student Embalmer

Signed... *Clarence H. Murray*

Licensed Embalmer No.....

P. O. Address... *St. Louis*

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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