

FILED FEB 28 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008043

STATE FILE NUMBER

 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 459

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>ST LOUIS</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		a. STATE <u>MO</u>		b. COUNTY <u>ST LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST LOUIS CO HOSPITAL</u>		Length of stay in lb <u>30 DAYS</u>		c. CITY OR TOWN <u>MARYLAND HEIGHTS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
First <u>Joseph</u>		Middle <u>EDWARD</u>		Last <u>Bulcock</u>		Month <u>Feb.</u> Day <u>11</u> Year <u>1958</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 15 1883</u>	9. AGE (In years last birthday) <u>74</u>	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) <u>CONCRETE FINISHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED-Construction</u>		11. BIRTHPLACE (City and state or country) <u>ST LOUIS MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S A</u>	
13. FATHER'S NAME <u>THOMAS BULCOCK</u>				14. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			
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>492-16-0592</u>		17. INFORMANT <u>J. BRUCE NORRIS</u> Address <u>OVERLAND MO 8650OLDEN</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]							INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Rheumatic Heart Dis. or /r</u>							
DUE TO (c) <u>Arteriosclerotic Heart Dis</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Adenocarcinoma Left Kidney</u> <u>4344H</u>							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.)				
20c. TIME OF INJURY Hour _____ 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 <u>2-11-58</u> to <u>2-12-58</u> and last saw ^{her} him alive on <u>2-12-58</u> Death occurred at <u>12:50</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>John E. Cukley, M.D.</u>				22b. ADDRESS <u>601 S Brentwood, Clayton, Mo.</u>		22c. DATE SIGNED <u>2-13-58</u>	
23a. BURIAL / CREMATION REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>2-15-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE</u>		23d. LOCATION (City, town, or county) (State) <u>ST CHARLES MO</u>		
24. FUNERAL DIRECTOR <u>Earl Hillman</u> ADDRESS <u>9709 LACKLAND</u>			25. DATE RECD. BY LOCAL REG. <u>2-14-58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only Standard Certificate of Death forms. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Carl A. Hillman*.....

Licensed Embalmer No. *350*.....

P. O. Address *Orland*.....

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.