

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012175  
STATE FILE NUMBER  
3164

FILED MAR 27 1958

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. ....

3164

300  
1-57  
0

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		Length of stay in 1b <b>20 69</b>	d. STREET ADDRESS (If outside, give location) <b>5047 Minerva</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Emmitt</b> Middle <b>Pulliam</b> Last <b>Pulliam</b>			4. DATE OF DEATH Month <b>3</b> Day <b>18</b> Year <b>58</b>		
5. SEX <b>Male 2</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>15 Feb 1899</b>		9. AGE <b>59</b> years (last birthday) IF UNDER 1 YEAR: Months <b>5</b> Days <b>9</b> IF UNDER 24 HRS.: Hours <b>59</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state of country) <b>Miss 1</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Blossed Pulliam</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Jones</b>	
14. NAME OF HUSBAND OR WIFE <b>Cora Pulliam</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT <b>Cora Pulliam</b>		Address <b>5047 Minerva</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertensive vascular disease</b> DUE TO (c) <b>undet.</b>					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331x</b>					19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <b>XX</b>
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 <b>9:40</b> Month, Day, Year <b>3-15-58</b> a.m. p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION <b>St Louis</b>			20f. COUNTY <b>St Louis</b>		
20g. STATE <b>Missouri</b>			20h. DATE OF DEATH <b>3-18-58</b>		
21. I attended the deceased from <b>9:40</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>A. J. Mason</b> (Degree or title) <b>V, M.D.</b>			22b. ADDRESS <b>2601 Whittier Street</b>		22c. DATE SIGNED <b>3-18-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removed</b>		23b. DATE <b>22 Mar 58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		23d. LOCATION (City, town, or county) <b>St Louis</b>
24. FUNERAL DIRECTOR <b>Relubh General Ag</b> ADDRESS <b>1389 N Union</b>			25. DATE RECD. BY LOCAL REG. <b>MAR 18 58</b>		26. REGISTRAR'S SIGNATURE <b>J. Cash Smith MD</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms will be related. All diseases in Part I must be causally related.

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 .....

*Paul J Freeman*

Licensed Embalmer No. 4686

P. O. Address 4779 Ham

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.