

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045474

STATE FILE NUMBER

FILED JAN 14 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12270

300
1-57

3

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 Saint Louis		c. CITY OR TOWN Richmond Heights 4465	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA CITY HOSPITAL		d. STREET ADDRESS (If outside, give location) 1448 Yale Avenue, 17, 27	
Length of stay in lb 12 Years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JAMES STANLEY BULLOCK			4. DATE OF DEATH Month Day Year December 17th, 1958
5. SEX Male 0	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 April 17, 1931
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Union Electric Co.	11. BIRTHPLACE (City and state or country) De Soto, Missouri 0
13a. FATHER'S NAME James Bullock,		13b. MOTHER'S MAIDEN NAME Lucille Houseknecht	14. NAME OF HUSBAND OR WIFE Edna Ruth Bullock nee Ball
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War # 2		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Edna Bullock, 1448 Yale Avenue, 17, Mo. Address Richmond Heights
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wounds of Skull & Brain Hemorrhax, left side. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS AFFECTING DEATH (e.g., pre-existing conditions, etc.) Injured in fall while at party on roofs in hands of party on by Art Hill, in Forest Park, about			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter point of injury in PART I, or if in PART II, of item 18) Injured in fall while at party on roofs in hands of party on by Art Hill, in Forest Park, about		
20c. TIME OF INJURY Hour Month, Day, Year 7:30 p.m. 12 17 58	20d. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Park		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY Mo	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 7:53 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Patrick Taylor Crauer 3		22b. ADDRESS 1300 Clark	22c. DATE SIGNED 12-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/20/58	23c. NAME OF CEMETERY OR CREMATORY Western Lutheran Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR ALVIN F. FEUTZ, 4828 Natural Bridge Blvd., St. Louis, Missouri		25. DATE RECD. BY LOCAL REG. DEC 19 58	26. REGISTRAR'S SIGNATURE Carl Smith MD

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Ralph C. Feindler*

Licensed Embalmer No. *4275*

P. O. Address *St. Louis*

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.