

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

22337

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 1001  
Primary Registration District No. 1001  
(No. 3933 Bo. Broadway)

File No. ....  
Registered No. 6524  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 24 Richmond Heights St., 24 Ward.  
(Usual place of abode)  
(If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katie Pulliam

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29-1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
39 7 18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Chauffeur  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Miss  
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Katie Pulliam  
(Address) Richmond Heights

15. FILED 21 1928  
Filing Date

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-17-28 19

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw him alive on ..... 3<sup>05</sup> P, 19....., on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Acute Septicemia

Following amputation of left limb for  
Hoop

CONTRIBUTORY (SECONDARY) Manner & Cause Unknown

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

2. DID AN OPERATION PRECEDE DEATH? Yes DATE OF.....  
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) John Dwyer M.D.  
6/20, 1928 (Address) Dep. Coroner

\*State the DISEASE CAUSING DEATH, if in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood  
DATE OF BURIAL 6/21 1928

20. UNDERTAKER Wm. Roberts  
ADDRESS 3035 Lucas

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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