

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City..... St. Louis (No. Central City Hof St. 2 Ward)

10974

File No. ....  
 Registered No. 3004

**2. FULL NAME**

(a) Residence. No. 4304 1/2 Florissant St., 9 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edna Bullen</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 1890</u>		
7. AGE YEARS <u>abt 40</u>	MONTHS <u>Unknown</u>	DAY <u>Unknown</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... <u>Brick layer</u> 186A 194E (b) General nature of industry, business, or establishment in which employed (or employer)..... <u>93E</u> (c) Name of employer.....		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 1930  
 17. No Physician in Attendance  
 I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 that I last saw him..... alive on ..... 19....., and that death occurred, on the date stated above, at 930A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Haemorrhage  
(Fractured Skull),  
Chronic Myocarditis  
Due to falling to floor (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) Accident (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY? yes  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) J. W. Remier, M.D.  
3/25 1930 (Address) Def. Coroner  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

PARENTS

10. NAME OF FATHER <u>Thomas Bullen</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>
12. MAIDEN NAME OF MOTHER <u>Margaret Gilbrich</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>

14. INFORMANT..... Edna Bullen  
 (Address) 4304 1/2 Florissant

15. FILED 25 1930 Max C. Starkey REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Walton DATE OF BURIAL 3-26 1930

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

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.

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

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Continued