

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

Do not use this space.

14082

**1. PLACE OF DEATH**

County \_\_\_\_\_  
Township \_\_\_\_\_  
City St. Louis

Registration District No. 799  
Primary Registration District No. 1003  
(No. 4006 - 5aft Ave)

File No. \_\_\_\_\_  
Registered No. 3408  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John W. Bull  
(a) Residence. No. 4006 - 5aft Ave St. 15 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude A Bull

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26 - 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	hrs.	or	min.
	<u>55</u>	<u>10</u>	<u>7</u>				

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Assn Supr  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer Laclede Christy Clay Co

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Thomas Bull

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) England

14. INFORMANT Gertrude A Bull (Address) 4006 5aft Ave

15. FILED \_\_\_\_\_ 19 \_\_\_\_\_ REGISTRAR M. C. Stankoff

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 2 1930

17. I HEREBY CERTIFY, That I attended deceased from 2nd/129, 1929, to April 2, 1930, that I last saw him alive on April 2, 1930, and that death occurred, on the date stated above, at 2:10 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Aneurysm of the aorta  
34  
96  
(duration) \_\_\_\_\_ yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Tuberc infection  
Or int sign (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_ WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & exam alone  
(Signed) M. C. Stankoff, M. D.  
Apr 2 1930 (Address) 572 Amer Place

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunset Burial Park DATE OF BURIAL Apr 7 1930

20. UNDERTAKER Wacker-Heldorfs ADDRESS 2331 S Blom

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.

