WHITE PLAINE, 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.

SEP 26 1933

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

Do not use this space.

28156

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7249

City Saint Louis (No. 2625 N. Taylor Ave. St. ..... Ward)

2. FULL NAME Henry Jesse Pulpers

(a) Residence, No. ~~2522~~ 2625a N. Taylor Ave. 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S., if of foreign birth? yr. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. ~~IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF~~ —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 7 1919

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	14	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gibsland Louisiana

FATHER

13. NAME Harris J. Pulpers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arcadia Louisiana

MOTHER

15. MAIDEN NAME Nicie Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gibsland Louisiana

17. INFORMANT (ADDRESS) Harris J. Pulpers 2522 N. Taylor Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Aug 24, 1933

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Ave.

20. FILED AUG 23 1933, 19 J. H. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 17th, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:50 p. m.

The principal cause of death and related causes of importance were as follows:

Splenic Leukemia

72B

72A

Date of onset

Other contributory causes of importance:

Name of operation ..... Date .....

What test confirmed diagnosis? ..... Was there an opsy? Yes

23. If death was due to external causes (violence), fill in also following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

(Address) Deputy Coroner

8/19/33