Must have OK of Coroner Tiernan
Pine Lawn.

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

Do not use this space.

File No. 22748

Registered No. 140

1. PLACE OF DEATH
County St Louis
Township Carondelet
City ~~Unincorporated Mo~~ (No. Mt. St Ros Sanitorium St. ..... Ward)

Registration District No. 1123
Primary Registration District No. 6245 E

2. FULL NAME John Tullmann

(a) Residence (Usual place of abode) No. 3801 McDonald St., ... Ward. ..... (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20 - 1893

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40	8	13	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery.
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) Austria

FATHER
13. NAME Joseph Tullmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT Jos. Tullmann
(ADDRESS) 3801 McDonald.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mattese Mo DATE Jun 5 1934

19. UNDERTAKER Jos. P. Zingale Jr
(ADDRESS) 7128 Michigan Ave

20. FILED 6-5-1934 Walter Mae Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to June 2d, 1934.
I last saw him alive on June 1, 1934. Death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Edema	May 25, 1934
(From Chronic nephritis)	
23A	Unknown
23B	
Other contributory causes of importance:	
Pulmonary tuberculosis	1925

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the 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 .....
Was disease or injury in any way related to occupation of deceased? .....
Time specimen taken .....
(Signed) John P. Murphy, M. D.
(Address) Mt. St. Rose Sanitorium
6101 So. Broadway.

OK Gate Funeral Home Co.
Cremation Division Co.
6/3/34

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

JUL 21 1934

1935
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