APR 9 19[illegible]

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

Do not use this space.

7568

791

1003

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2040

City St. Louis (No. Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME George Bullmer

(a) Residence, No. 2813 Osage St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 20th. 1873

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager (Ins. Co.)

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

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) Germany

FATHER

13. NAME David Bullmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Bertha Bullmer (ADDRESS) 2813 Osage St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Hope PLACE Mausoleum DATE Mar. 4th. 1935

19. UNDERTAKER Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILED MAR - 1 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1935, to Feb 28 1935

I last saw him alive on Feb 28 1935. Death is said to have occurred on the date stated above, at 2.45 P.M.

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

	Date of onset
Lobar Pneumonia	2
	17
	35
Other contributory causes of importance:	
Acute Uremia	2
	27
	35

108

Name of operation No Chest Finding Date of .....

What test confirmed diagnosis? [illegible] Was there an autopsy? .....

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 .....

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

If so, specify .....

(Signed) W Salisbury, M. D.

(Address) 3258 - Lafayette

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.