

DEC 12 1935

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

Do not use this space.

37999

1. PLACE OF DEATH

County _____

Registration District No. **791**

Township _____

Primary Registration District No. **1003**

City **St. Louis** (No. **12569**)

City **St. Louis**

File No. _____

Registered No. **10011**

St. _____ Ward _____

2. FULL NAME

Wendel Charles Pullen

(a) Residence, No. _____
(Usual place of abode)

2624 1/2 St. Ward. 23

(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 **M** 4. COLOR OR RACE **W** 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) **Oct 7 - 1933**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	0	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**

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) **St. Louis, Mo**

13. NAME **Wilbur Pullen**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Peoria, Ill.**

15. MAIDEN NAME **Mary Laut**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo**

17. INFORMANT **Thos J. Kelly**

18. BURIAL, CREMATION OR REMOVAL PLACE **St. Matthews** DATE **Nov 30** 19**35**

19. UNDERTAKER (ADDRESS) **Wacker-Beldere**

20. FILED **NOV 29 1935** **J. Bredek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 28, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **11-10**, 19**35**, to **11-28**, 19**35**

I last saw him alive on **11-28**, 19**35**. Death is said

to have occurred on the date stated above, at **4:30** pm.

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

Acute Dysentery (Hiss-Y) Date of onset _____

Other contributory causes of importance:

Dehydration
Anhydremia
Shock

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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**35**

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) **Roy Greenbaum**, M. D.

(Address) **City St. Louis**

