APR 9 1937

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

Do not use this space.

File No. 10144
Registered No. 2708

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (5236 Cabanne Ave ..... St. ..... Ward)

2. FULL NAME Harry J Bulger

(a) Residence, No. 5236 Cabanne Ave St., 12 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) Lydia

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10th. 1876

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware Merchant
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) New Orleans La.

FATHER

13. NAME Michael Bulger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Anna Murray
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Harold Bulger
(ADDRESS) 5236 Cabanne Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cemt DATE Mar 10th 1937

19. UNDERTAKER Harrigan & Sheahan Und Co
(ADDRESS) 4415 Washington Blvd.

20. FILED MAR 9 1937 19 J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19, 1937, to Mar. 8, 1937
I last saw h~~im~~ alive on Mar. 7, 1937. Death is said to have occurred on the date stated above, at 1:40 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	do not know
chronic myocarditis	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) Edward J Welbing, M. D.,
(Address) 4963 Fountain, St. Louis, Mo.

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.

4.965 Novembre
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