

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

Do not use this space.

JUN 18 1937

19960

1. PLACE OF DEATH
 County Franklin. Registration District No. 297 File No. _____
 Township _____ Primary Registration District No. 3016 Registered No. 33
 City Washington, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Ernest R. Kull.
 (a) Residence, No. 1113 E. 3rd, Washington, Mo. 2nd Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 (write the name) Mary L. Kull.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25th, 1891.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
46 2 6

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Co.
 10. Date deceased last worked at this occupation (month and year) Mar. 1937. 11. Total time (years) spent in this occupation 32 yrs.

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

13. NAME Charles L. Kull.

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

MOTHER
 15. MAIDEN NAME Antonette Eiswith.

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

17. INFORMANT Mr. Karl E. Kull
 (ADDRESS) Graeser Road, R.R. #2, Creve Coeur, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE Apr. 3rd, 1937

19. UNDERTAKER Hieburg & Vitt, Inc.,
 (ADDRESS) Washington, Mo.

20. FILED Apr. 2 - 1937 H. A. May,
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 1st, 1937.

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1935 to April 1, 1937
 I last saw alive on April 1, 1937 Death is said to have occurred on the date stated above, at 12:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Oedema Pastosae
 Date of onset 1930

Other contributory causes of importance:
Heart disease

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) R. R. Cretler, M. D.
 (Address) Washington Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

