

AUG 11 1937

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

Do not use this space.

26197

## 1. PLACE OF DEATH

County Jackson

Registration District No. \_\_\_\_\_

Township Kew

Primary Registration District No. \_\_\_\_\_

City St. Louis(No. 5100 1/2 S. 1st St.)

File No. \_\_\_\_\_

Registered No. 2000

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Louise Bull(a) Residence, No. 5100 1/2 S. 1st Ave. St. 10 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF (OR) WIFE OF Millard W. Bull6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1917, Jan. 227. AGE 20 YEARS 6 MONTHS 15 DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Mo.  
(STATE OR COUNTRY)13. NAME Grover Donaheu14. BIRTHPLACE (CITY OR TOWN) Mo.  
(STATE OR COUNTRY)15. MAIDEN NAME Clarey - ~~unk~~16. BIRTHPLACE (CITY OR TOWN) Mo  
(STATE OR COUNTRY)17. INFORMANT Millard W. Bull  
(ADDRESS) 5100 1/2 Indep. Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood DATE July 9 193719. UNDERTAKER Sheil Funeral Home  
(ADDRESS) 6606 Indep. Ave.20. FILE July 1 1937 M. M. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7<sup>th</sup> 1937I HEREBY CERTIFY That I attended deceased from June 19<sup>th</sup> 1937, to July 7<sup>th</sup> 1937last saw him alive on July 6<sup>th</sup> 1937. Death is said to have occurred on the date stated above, at 4<sup>45</sup> a.m.

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

Date of onset

Pulmonary Embolism

Other contributory causes of importance:

Thrombophlebitis due to Phlegmasia alba dolens of the left leg

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy no23. 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) Dr. Starr D. Ramsey M. D.  
(Address) 3028 East 6<sup>th</sup> St. St. Louis, Mo  
Phone 5891N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE  
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

