

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

33122

Do not use this space.

9176

1. PLACE OF DEATH:

(a) County _____ Registration District No. _____
 (b) Township _____ Primary Registration District No. _____
 (c) City St. Louis, Missouri (d) Street No. BARNES HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. George Fred Pullen St. NR Crystal City Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 (OR) WIFE OF Nellie Pullen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4th, 1878

7. AGE YEARS 59 MONTHS 6 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Sept. 1st., 1937 11. Total time (years) spent in this occupation 40 Yrs.

12. BIRTHPLACE (CITY OR TOWN) Sta. Genevieve,
 (STATE OR COUNTRY) Missouri

13. NAME Edmund Pullen

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

15. MAIDEN NAME Mahala Hinkle

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

17. INFORMANT Mrs Nellie Pullen
 (ADDRESS) Crystal City, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Farmington, Mo. DATE October 1, 1937

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.,
 (ADDRESS) 429 N. Euclid Avenue

20. FILED SEP 30 1937 J. F. Bredeck
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-7, 1937, to 9-29, 1937

I last saw him alive on 9-29, 1937. Death is said to have occurred on the date stated above, at 11:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Diabetes

? diabetes gangrene, left leg

Date of onset 2/19/35

8/1/37

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify eth Smith M. D.
 (Signed) BARNES HOSPITAL
 (Address)

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hoppe, Licensed Embalmer No. 2971

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Albert G. Hoppe

Licensed Embalmer No. 2971

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)