

DEC 28 1937

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

42423
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 989
(b) Township Central Primary Registration District No. 6033C Registered No. 322
(c) City Overland Mo. (d) Street No. 8440 Midland Blvd. 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

Oran Mason Bull

(a) Residence, No. 8440 Midland Blvd. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Elizabeth Bull (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-1-1876
7. AGE YEARS 61 MONTHS 2 DAYS 17 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Sales-man
9. Industry or business in which work was done, as saw mill, bank, etc. Baker Paper Co.
10. Date deceased last worked at this occupation (month and year) Sept. 1, 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Coffman (STATE OR COUNTRY) Mo.

FATHER 13. NAME Fallett D. Bull
14. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Lucinda Coffman
16. BIRTHPLACE (CITY OR TOWN) Coffman (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Elizabeth Bull (ADDRESS) Commerce Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem Nov 20-37

19. FUNERAL DIRECTOR Alexander Sims (ADDRESS) 6175 Delmar Blvd.

20. FILED 11-19-37 A. R. Baehner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1937, to November 17, 1937
I last saw him alive on November 17, 1937. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Hypertensive arteriosclerotic heart disease with cardiac decompensation
Terminal bronchopneumonia

Date of onset P. 40. 11-9-37

Other contributory causes of importance:

Cirrhosis of liver

Name of operation none Date of 12/12/37
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? No
If so, specify

(Signed) Bruce Kenamare M. D.
(Address) 6300 Rosemary, St. Louis

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.

1 X12004

Bruce Kenamore

37 20 Washington Ave. Beaumont Bldg

Jeff. 1318

STATEMENT BY LICENSED EMBALMER

I, J. Wm Binkley, Licensed Embalmer No. 3653

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

L. E.

No. B or by Karl Hueb, Registered Apprentice No. _____
working under my personal supervision.

Signed J. Wm Binkley
Licensed Embalmer No. 3653

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.)