

FEB 12 1938 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

967  
Do not use this space

1. PLACE OF DEATH  
 (a) County ..... Registration District No. 1003  
 (b) Township ..... Primary Registration District No. Laclede  
 (c) City St. Louis (d) Street No. 2902 Registered No. 823  
 (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 Gus Pullman 1156  
 (a) Residence, No. 2902 Laclede St. 19  
 (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 (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude Pullman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
54 1 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Tobacco Factory  
 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) Missouri 6

FATHER 13. NAME Charles Pullman 6  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo 11

MOTHER 15. MAIDEN NAME Addie Smith  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT Gertrude Pullman  
 (ADDRESS) 2902 Laclede

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles, Mo. DATE Jan 27 1938

19. FUNERAL DIRECTOR J. H. Harrison  
 (ADDRESS) 2906 Lantana

20. FILED JAN 24 1938 J. T. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1936 to Jan 22 1938  
 I last saw him alive on Jan 22 1938. Death is said to have occurred on the date stated above, at 12:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral atherosclerosis  
93C  
 Other contributory causes of importance:  
Myocarditis, chronic  
Hypertension

Name of physician Chas. H. ... 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?  
 If so, specify L. B. Howell M. D.  
 (Signed) L. B. Howell (Address) 2902 Laclede

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.

STATEMENT BY LICENSED EMBALMER

I, Gas. H. Harrison....., Licensed Embalmer No. 760  
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 Gas. H. Harrison.....  
Licensed Embalmer No. 760.....

**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.)**