MAY 30 1939 JUN 8 1939

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

10761
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 784
(b) Township ~~Bonhomme~~ — Primary Registration District No. 110 — Registered No. 976
(c) City Oakland Village (d) Street No. ..... 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 Florence Pulling
(a) Residence, No. No. 7 Schultz Road 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: F
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Pulling

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-1-1898

7. AGE: Years 40 — Months 7 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) Memphis (STATE OR COUNTRY) Tenn

FATHER
13. NAME Joe Branch
14. BIRTHPLACE (CITY OR TOWN) Memphis (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Mamie Moore
16. BIRTHPLACE (CITY OR TOWN) Memphis (STATE OR COUNTRY) Tenn

17. INFORMANT William Pulling (ADDRESS) 7 Schultz Rd. Oakland Village

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park Cem DATE Jun 3, 1939

19. FUNERAL DIRECTOR (NAME) English Und Co (ADDRESS) 2931 Lucas St. Louis, Mo

20. FILED MAY 30 1939 D. R. Meyer M.D. Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.45AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of the lungs	about 2 yrs.

Other contributory causes of importance

Name of operation ..... Date of .....
What test confirmed diagnosis History 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) John O'Donnell, M. D.
(Address) Coroner of St. Louis County, Mo.

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.

THIS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.