

No. 2
1-10-39
-17-39
X21492

REC JUN 15 1940

Registration District No.

Primary Registration District No.

Registrar's No.

4414

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4217 Castleman ave,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME William C Bullock 470

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color, or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarena Alcock

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased 11/1/1868
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 16
If less than one day _____ hr. _____ min.

9. Birthplace Hannibal Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business _____

MOTHER FATHER { 12. Name Marshall Bullock

13. Birthplace Hannibal Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Bullock

15. Birthplace Hannibal Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs J. H. Dugger

(b) Address 4217 Castleman ave

17. (a) Bl. Naylor (b) Date thereof 5/20/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hannibal Mo.

18. (a) Signature of funeral director SULLIVAN'S

(b) Address 2849 NO EUCLID AVE

19. (a) MAY 17 1940 (b) J. H. Dugger
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County _____

(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 4217 Castleman ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 1940
year _____ hour 4 minute 30 am

21. I hereby certify that I attended the deceased from Apr 20, 1940 to May 17, 1940
that I last saw him alive on May 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Esophagitis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury? _____

23. Signature J. H. Dugger (M.D. or other) _____

Address 446 S. Grand Date of death May 17-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Am. Embalmer Board
144680
Apr 7 3 62
Allen

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 *Alber Magfield*
Licensed Embalmer No. *3077*
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.