

**AUG 25 1940**

Registration District No. **791**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: City Hospital #1.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
(Specify whether)

In this community 6 Years.  
years, months or days

3. (a) PRINT FULL NAME Julius Null 400

8. (b) If veteran, name war World War

8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife May

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Nov, 24, 1891.  
(Month) (Day) (Year)

8. AGE: Years 48 Months 7 Days 10  
If less than one day hr. min.

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

10. Usual occupation Steam Fitter

11. Industry or business Rod Iron Range Co.

12. Name Rogers Null

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

14. Maiden name Unknown

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

16. (a) Informant 9914 Clyde Ave/

(b) Address Burial

17. (a) Burial (b) Date thereof 7/8/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jeff. Brks. MO.

18. (a) Signature of funeral director Fendler Und Co.  
7420 Michigan

(b) Address 7420 Michigan

19. (a) JUL 6 1940 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

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

(c) City or town 9914 Clyde Ave. LEMAY  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ N.R.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH Month 7 day 4  
year 1940 hour 9:20 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death Fracture Skull  
Cerebral Contusion  
Terminal  
Lobar Pneumonia  
Asphyxiated  
about 11:15  
pm. when struck by  
moving street car operated by  
Chas. Catlure in front of  
about 1135 So Broadway

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 209  
31

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

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

(b) Date of occurrence June 28 1940

(c) Where did injury occur? St. Louis MO  
(City or town) (County) (State)

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

While at work? No (Specify type of place) (e) Means of injury Street Car

23. Signature Joseph W. Quinn (M. D. or other) 5

Address Deputy Coroner

**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 Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St Louis

**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.**