S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF [illegible]
BUREAU OF THE [illegible]

FILED NOV 21 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36478

Registration District No. 784 Primary Registration District No. 200 ? Registrar's No. 1959

1. PLACE OF DEATH:

(a) County St. Louis, County

(b) City or town Enroute to County Hospital
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 1496 Belt Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Johnson Tullock

3. (b) If veteran, name war Nil.

3. (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 Armina Tullock

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 14, 1884 (Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation W. P. A. Laborer

11. Industry or business Ro ad Work

MOTHER FATHER

12. Name Andrew Tullock

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

14. Maiden name Unk. May

15. Birthplace U nk. (City, town, or county) Unk. (State or foreign country)

16. (a) Informant Armina Tullock

(b) Address 1496 Belt Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Hudemeyer & Sons.

(b) Address 3934 N. 20th St.

19. (a) OCT 16 1940 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1940 hour 2 minute 30PM M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Coronary occlusion 1 day

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? yes (e) Means of injury

23. Signature John [illegible] (M. D. or other)

Address Coroner of St. Louis Co. Date signed 10/16/40

(Licensed Embalmer's Statement on Reverse Side)

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Gra

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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