

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital/1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month-20 days
(Specify whether years, months or days)
In this community 22 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1100
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4216 a W. Aldine (11) 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Edith Pullman

3. (b) If veteran, name war. -- 3. (c) Social Security No. ---

4. Sex Female? 5. Color or race Negro 6. (a) Single, widowed, married, divorced /Married
6. (b) Name of husband or wife James Pullman 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased July 21st. 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 7 14 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Robinson
13. Birthplace Unavailable 9 (State or foreign country)
14. Maiden name Unavailable
15. Birthplace Unavailable 9 (State or foreign country)

16. (a) Informant James Pullman
(b) Address 4216 W. Aldine St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 1941
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107-09 Finney Avenue

19. (a) MAY 8 1941 (Date received local registrar) (b) J. B. Bredenk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year 1941 hour 9:40 minute A. M.

21. I hereby certify that I attended the deceased from March 15, 1941 to May 5, 1941;
that I last saw her alive on May 5, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Hypertension Duration 5 month

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Clarence Allen (M. D. or other) _____
Address 2601 N. Whittier Date signed 5-6-41

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

1108

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.....

James Arthur Johnson

Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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, fact should be so stated above.