

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26782
Registrar's No. 6574

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Missouri Baptist Hospital
(d) Length of stay: In hospital or institution 2 days
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 3863 West Pine
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY ELIZABETH PULLEN
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug year 1941 hour 7 minute A M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Thomas Arthur Pullen
6. (c) Age of husband or wife if alive dec years
7. Birth date of deceased December 17, 1862

21. I hereby certify that I attended the deceased from Aug-6-1941 to Aug-11-1941 that I last saw her alive on Aug-10-1941 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
78 9 24 hr. min.

Immediate cause of death Broncho pneumonia 6 days

9. Birthplace St. Louis Missouri

Due to Due to Other conditions Myo-cardial infarction

10. Usual occupation at home

11. Industry or business
12. Name Elijah Welles
13. Birthplace Glastonbury Connecticut
14. Maiden name Nancy Bancroft Root
15. Birthplace Glastonbury Connecticut

Major findings: Of operations Of autopsy

16. (a) Informant Mary Pullen
(b) Address Indianapolis, Ind.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 700
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

17. (a) BURIAL (b) Date thereof 8/14/41
(c) Place: burial or cremation City Cemetery, Alton, Ill

While at work? (Specify type of place) (e) Means of injury

18. (a) Signature of funeral director Alexander Sais
(b) Address 6175 Delmar Blvd
19. (a) AUG 12 1941 (b) J. F. Predeck (Registrar's signature)

23. Signature J. H. Hille (M. D. or other) D
Address 1490 1/2 Alton Date signed 8-11-41

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

20
17
9

Dr. T. H. Hulse
4903 Hillman
1 P.M.

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.....

Raymond L. Morris....., Registered Apprentice No. *290*
working under my personal supervision.

Signed *Jos. E. McCulloh*.....
Licensed Embalmer No. *2460*

P. O. Address *6175 Hillman*
6175 Hillman

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.