

FILED OCT 14 1942
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community one month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 055
125
 (c) City or town St. Louis Mo. 025
(If outside city or town limits, write "RURAL")
 (d) Street No. 1721 Franklin (near)
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Minnie Pullen
 (b) If veteran, name war.....
 (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27
 year 1942 hour 17 minute 30 P.M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Edward Pullen 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased July 26 1881
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day
60 2 13 hr. min.

Immediate cause of death Hypostatic pneumonia
 Due to Ca of Rctum

9. Birthplace Leafe Girardeau County
(City, town, or county) (State or foreign country)

Due to.....
 Due to.....
 Other conditions (include pregnancy within 3 months of death).....

10. Usual occupation Housewife

Major findings: Of operations.....
 Of autopsy.....

11. Industry or business.....
 12. Name Unknown
 13. Birthplace.....
 14. Maiden name Lea Bregger
 15. Birthplace St. Benedict Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Rev. M. G. Malette
 (b) Address 5670 Cabarrus Ave
Rural
 17. (a) (b) Date thereof Sept. 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....

(c) Place: burial or cremation Leafe Charles Cem.
 18. (a) Signature of funeral director Wm. A. Bull
 (b) Address 4457 Washington Pl

(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.....

19. (a) SEP 29 1942 J. F. Bredich
(Date received local registrar) (Registrar's signature)

23. Signature W. J. Perry (M. D. or other)
 Address Dept. of Health Date signed 9/29/42

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 *John Ketter*.....

Licensed Embalmer No. *3880*.....

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, fact should be so stated above.