

FILED APR 19 1943

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3117**

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

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

In this community.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town..... **Webster Groves**
(If outside city or town limits, write "RURAL")

(d) Street No. **421 E. Jackson St.**
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country..... (Yes or No) **/**

3. (a) PRINT FULL NAME **JOHN F. BULFIN**

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

4. Sex **M** 5. Color or Race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Blanche Bulfin** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Sept. 19 1891**
(Month) (Day) (Year)

8. AGE: Years Months Days * If less than one day

51 6 12 hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Auditor**

11. Industry or business **J. H. Walker Brokrage**

12. Name **Patrick Bulfin**

13. Birthplace **Tippary Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Jennie Burnside**

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

16. (a) Informant **Fred B. Mittleberg**

(b) Address **421 E. Jackson Rd. Webster Groves**

17. (a) **Burial** (b) Date thereof **4/3/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Peter & Paul Cemetery**

18. (a) Signature of general director **Sam Mittleberg**

(b) Address **421 Lockwood Webster Groves**

19. (a) **APR 1 1943** (b) **J. F. Boush**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MAR** day **31**
year **1943** hour **10** minute **20** P. M.

21. I hereby certify that I attended the deceased from **March 20**
19 **43**, to **March 31**, 19 **43**;
that I last saw him alive on **March 31**, 19 **43**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **2 days**

Due to **Acute dementia** **3 weeks**

Due to

Other conditions (Include pregnancy within 3 months of death) **107**

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) _____

(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 **L. Paul B. Boush** M. D. or other _____

Address **University Club Bldg** Date signed **Apr. 1 '43**

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.....

J. W. Wilkinson

Licensed Embalmer No.

35-75

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.