

Registration District No. 818

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Richard Irvin Gullledge

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Daisy Gullledge 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased October 28 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agricultural

12. Name Dotson Gullledge

13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Mary Quinn

15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Daisy Gullledge

(b) Address Fisk, Missouri

17. (a) Removal (b) Date thereof 8-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brosley, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) AUG 9 1943 (b) J. F. Bradick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler
(c) City or town Fisk
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8
year 1943 hour 12:15 minute _____ A. M.

21. I hereby certify that I attended the deceased from 7
23 1943 to 8 - 8 1943

that I last saw him alive on 8 - 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Renal failure

Due to Leukemia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature Robert D. Anthony (M. D. or other) _____
Address BARNES HOSPITAL Date signed 8-8-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

AUG 23 1943

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. Allen Davis Jr.

Licensed Embalmer No.....

4053

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.