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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 27 1943

Registration District No. 311

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39142

Primary Registration District No. 3068

Registrar's No. 2593

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Maplewood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maplewood Nursing Home (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State: Mo. (b) County: 17

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No.: 2719 So. 11th St. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country: 1

3. (a) PRINT FULL NAME: ELLA KULLA

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Frank X. Kulla

6. (c) Age of husband or wife if deceased alive ..... years

7. Birth date of deceased: Nov. (Month) 26th (Day) 1874 (Year)

8. AGE: Years 68 | Months 11 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace: Belleville (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: .....

FATHER
12. Name: John Moffett
13. Birthplace: ..... (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name: Unknown Beck
15. Birthplace: Belleville (City, town, or county) Illinois (State or foreign country)

16. (a) Informant: Frank Kulla

(b) Address: 5066 Milentz Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-24-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Old Pickers Cemetery

18. (a) Signature of funeral director: Kriegshauser Mortuaries

(b) Address: 4228 So. Kingshighway

19. (a) NOV 24 1943 (Date received local registrar) (b) E. G. McGovern, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21st year 1943 hour 1:50 minute P. M.

21. I hereby certify that I attended the deceased from May 1, 1943, to Nov 21, 1943; that I last saw her alive on Nov. 21, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Ch. Myocarditis	
Due to: Ch. Nephritis	
Due to: Hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 131 b

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature: R. Berg (M. D. ~~or other~~)

Address: 2253 Nebraska Date signed: 1/22/43

(Licensed Embalmer's Statement on Reverse Side)

Dr Ralph Berg 11-2
2253 Nebraska Ave 8288

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 Richard W. Stoneseaut

Licensed Embalmer No. 4007

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.