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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1944

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16667

Registrar's No. 4596

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 5531 Labadie (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 Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 176

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

(d) Street No. 5531 Labadie (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME THOMAS PULLAN

3. (b) If veteran, name war Spanish AM.

3. (c) Social Security 493-10-9541

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minnie Pullan

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov 10th 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	6	6	hr. min.

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

10. Usual occupation Retired

11. Industry or business Street Car Motorman

FATHER
12. Name Thomas Pullan
13. Birthplace Unknown (City, town, or county) O (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) O (State or foreign country)

16. (a) Informant Minnie Pullan

(b) Address 5531 Labadie

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/44 (Month) (Day) (Year)

(c) Place: burial or cremation National Cem.

18. (a) Signature of funeral director Theodutis & Son

(b) Address 2906 Gravois Ave.

19. (a) MAY 18 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1944 hour 10 45 minute P.M. M.

21. I hereby certify that I attended the deceased from 5/10/44 19.., to May 16 1944 that I last saw him alive on 5/10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration

Due to Chronic Nephritis

Due to

Other conditions (Include pregnancy within 3 months of death)

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)

(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 L. F. Streiker (M. D. or other) O

Address 2901 N Newstead Date signed 5/18/44

(Licensed Embalmer's Statement on Reverse Side)

894

Dr. Strauar
St Louis & Newstead
B. 6400 90.

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.....David Van Fossan.

Licensed Embalmer No.....4242.

P. O. Address.....2906 Gravois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.