

FILED AUG 8 1944
318

State File No. 6607

Registration District No. Primary Registration District No. Registrar's No.

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:
2353 Michigan Ave.
(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.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 2353 Michigan Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM A KULL

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

3. (c) Social Security No.....

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased: Nov 19 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 8 If less than one day
hr. min.

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

10. Usual occupation Retired Ice Dealer

11. Industry or business.....

MOTHER FATHER { 12. Name Unknown Unknown

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

14. Maiden name Unknown

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

16. (a) Informant William Kull Jr

(b) Address 2353 Michigan Ave.

17. (a) Burial (b) Date thereof July 29/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cem.

18. (a) Signature of funeral director Thos. J. ...

(b) Address 2906 Gravois Ave.

19. (a) JUL 28 1944 (b) J. F. Bredeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1944 hour 3 00 A.M. minute..... M.

21. I hereby certify that I attended the deceased from 7-17-44
..... 19..... to 7-27-44 19.....
that I last saw him alive on 7-27-44 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 10 days

Due to Chronic myocarditis 7 days

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?
.....

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature John W. ... (M. D. or other) MD

Address 2767 ... Date signed 7-27-44

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, *Frank Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address *2906 Garrison*

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.