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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39379

State File No.

FILED DEC 27 1944

1003

Registrar's No.

10683

Registration District No. 318

Primary Registration District No.

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:
6112 Ella Avenue.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community _____
years, months or days)

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. 6112 Ella Avenue.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Daniel P. Gullett.

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 Widowed
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased February 5, 1871.
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th.
year 1944 hour 2 minute A.M. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic myocarditis.
Duration _____

8. AGE: Years 73 Months 10 Days 9
If less than one day hr. min.

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

10. Usual occupation Retired Mill man.

11. Industry or business

MOTHER, FATHER { 12. Name Dont know.
13. Birthplace Dont know. (City, town, or county) (State or foreign country)
14. Maiden name Dont know.
15. Birthplace Dont know. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Letain Thomason.

(b) Address 6112 Ella Avenue.

17. (a) Burial (b) Date thereof 12-16-1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) DEC 15 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

Due to _____
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 J. K. Keupp (M. D. or other) _____
Address 4503 37th Washington Date signed 12/14/44

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

Dr. Thos. J. Kemp.
4503 Washington Blvd.
Hours 4 to 5 P.M.
Telephone 3653.

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.....

Licensed Embalmer No.....

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.