V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 28 1945

State File No. 21742

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6276

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: 1013 Ohio St
(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 Mo (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1013 Ohio
(If rural, give location)
(e) Citizen of foreign country? — 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN BULLOCK

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 2
5. Color or race negro
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of ~~husband or~~ wife Ida Bullock
6. (c) Age of ~~husband or~~ wife if alive 36 years
7. Birth date of deceased Aug (Month) 15 (Day) 1902 (Year)

8. AGE: Years 42 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Columbus (City, town, or county) Miss 1 (State or foreign country)
10. Usual occupation Hauling
11. Industry or business

FATHER
12. Name Wesley Bullock
13. Birthplace Columbus (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Mary Hollis
15. Birthplace Columbus (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Ida Bullock
(b) Address 1013 Ohio
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk
18. (a) Signature of funeral director English Ind. Co.
(b) Address 2931 Lucas Ave.
19. (a) JUL 20 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day July year 1945 hour 4:30 minute P. M.
21. I hereby certify that I attended the deceased from 7-17- 1945 to 7-17- 1945 that I last saw him alive on 7-17- 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Rugitation — Duration 3

Due to Arteriosclerosis

Due to

Other conditions Acites (Dispsy)
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy no

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. E. Vincent (M. D. or other)
Address 2336a Market Date signed 7-17-45

(Licensed Embalmer's Statement on Reverse Side)

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas Ave.

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.