S. No. 2
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. 5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7833

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1720

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township) 3

(c) Name of hospital or institution: Barnes & H.S. Phillips Hosp.
(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 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 2 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1331a. Webster 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Samuel Pullman Pulliam

3. (b) If veteran, name war

3. (c) Social Security No. 496-22-1616

4. Sex Male 2

5. Color or race Col.

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

6. (b) Name of husband or wife Mattie Pullman Pulliam

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

7. Birth date of deceased October (Month) 3 (Day) 1897 (Year)

8. AGE: Years 48 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Woodland (City, town, or county) Miss. (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business H.P. Coffee Co.

FATHER

12. Name Jack Pullman Pulliam 1

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

MOTHER

14. Maiden name Saretha Porter

15. Birthplace Woodland (City, town, or county) Miss. (State or foreign country) 1

16. (a) Informant Mattie Pullman Pulliam

(b) Address 1331a. Webster Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/23/46 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stoddard St.

19. (a) FEB 20 1946 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1946 hour 12 minute 50 P.M.

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

Immediate cause of death	Duration
Coronary Occlusion	
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 3

23. Signature (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

Coff. By. 1147 BY 29 Hallman Stella

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 L. Boyn

....., Registered Apprentice No. M

working under my personal supervision.

Signed Lonnie Boyhin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. .....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 1720

On this 25 day of Jan., 1947, before me appears Mattie Pulliam, who, upon her oath, states that the original record of ~~birth~~ death for Samuel Pulliam, ~~born~~ died 2-16-1946, 19....., in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Samuel Pulliam
Instead of Samuel Pullman

Item No. 6 should read Mattie Pulliam
Instead of Me tie Pullman

Item No. 11 should read H.P.CoffeeCo.,
Instead of H.P.Coffe Co.

Item No. 12 should read Jack Pulliam
Instead of Jack Pullman

Item No. 16a should read Mattie Pulliam
Instead of Mattie Pullman

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

X Affiant Mattie Pulliam mf
Relationship.

1331 Webster Ave
Present Address.

Subscribed and sworn to before me this 25 day of Jan., 1947.

My Commission expires 3-4-49. Earl Baldock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

. S. 135
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