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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1946
318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11073

Registration District No. 1003

Primary Registration District No.

Registrar's No. 2275

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: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 5 DAYS (Specify whether years, months or days)

In this community LIFE

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. 1008 A. CASS AV. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOSEPHINE DULLE

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased JAN. (Month) 15 (Day) 1871 (Year)

8. AGE: Years 75 Months 1. Days 22 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country) U

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

FATHER
12. Name HENRY DULLE
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH SCHIERMANN
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Laura Kaiser
(b) Address 1805 a No 17th St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MCH. 11 — 46 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM. BROCKLAND UND

18. (a) Signature of funeral director

(b) Address 1827 HOGAN. STR.

19. (a) MAR 8 1946 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1946 hour 10:55 minute A M.

21. I hereby certify that I attended the deceased from 3/2/46, 19..., to 3/7/46, 19..., that I last saw her alive on 3/7/46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart Disease	?
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?

While at work (Specify yes or no) (e) Nature of injury

23. Signature Jobie Pohlmann (M.D. or other)
Address 1515 Lafayette Date signed 3/9/46

(Licensed Embalmer's Statement on Reverse Side)

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

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. Henry M. Brammer.

Licensed Embalmer No. 4200

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.