

Registration District No.

318

Primary Registration District No.

1003

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

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 days
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME Paul Pulliam

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced..... 0

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

7. Birth date of deceased 11 21 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 21
hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Henry Cannon
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Miss.
 15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Hardiman
 (b) Address 2601 N Whittier

17. (a) Burial (b) Date thereof MAR 26 1946
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)
CITY CEMETERY

18. (a) Signature of funeral director V. B. Hudson
 (b) Address City Health Dept

19. (a) MAR 28 1946 (b) J. J. Brudeck
(Date of local registrar) (Registrar's signature)

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. 2212 Verbar
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 12
1946 year hour 6 minute 25 M.

21. I hereby certify that I attended the deceased from 2-23 1946 to 3-12 1946
 that I last saw him alive on 3-12 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Miliary Tuberculosis
Lungs involved

Due to.....
 Due to.....

Other conditions 1/3
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy Yes

Duration Unk
 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 C. Spencer (M.D. or other)
 Address 2601 N Whittier Date signed 3/21/46

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.