

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13068
Registrar's No. 87208

Registration District No. 118

Primary Registration District No. 5439

1. PLACE OF DEATH:

(a) County Disconcord
(b) City or town Rural Canaan Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT
FULL NAME

George H. Dulle

3. (b) If veteran,

name war. World War 1

3. (c) Social Security

No. _____

4. Sex

Male

5. Color or

race White

6. (a) Single, widowed, married,

divorced Married

6. (b) Name of husband or wife

Hildegard

6. (c) Age of husband or wife if

alive _____ years

7. Birth date of deceased

July

21

1896

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

50

8

16

hr.

min.

9. Birthplace

St. Louis

Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation Ass't. Foreman Pressman

11. Industry or business

St. Louis Post-Dispatch

12. Name

Herman Dulle

13. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name

Ida Haneclen

15. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant

Hildegard Dulle

(b) Address

5437 Goethe Ave.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

4 10 47

(Month) (Day) (Year)

(c) Place: burial or cremation

New SS Peter & Paul Cem.

18. (a) Signature of funeral director

Kriegshauser Und. Co.

(b) Address

4228 So. Kingshighway Bl.

19. (a) 5-7-47

(Date received local registrar)

(b) Dorothy Hackett

(Registrar's signature) 21

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. 5437 Goethe Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 7
year 47 hour 9 minute 45 A M.

21. I hereby certify that I attended the deceased from
4-7 1947 to only 19____;

that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death

Coccyx Thrombosis

Duration

10 min.

Due to _____

Due to _____

Other conditions

Hypertension

(Include pregnancy within 9 months of death)

2 M.O.S.

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 type of place)

(e) Means of injury _____

23. Signature

Paula Brunner M.D.

Address

Overville, Mo.

Date signed 4-7-47

JUL 2 1947

Date Filed 5-13-47

District File Number

District Health Officer No. 9,

RECEIVED

MAY 14 1947

JUL 2 1947

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

Edwin M. Hermann

Licensed Embalmer No. 3024

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.