No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3325

Registration District No. 3063 265 Primary Registration District No. 3063 Registrar's No. 265

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis Co.
(c) City or town: So. Kinloch (If outside city or town limits, write "RURAL")
(d) Street No.: 19 Mc Henry (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ada Pulliam
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Andrew
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 27 (Day) 1870 (Year)
8. AGE: Years 77 Months 7 Days 26 If less than one day hr. min.
9. Birthplace: Clarksville (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation: Housemaid
11. Industry or business:
FATHER 12. Name: John Hester
13. Birthplace: unk (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: unk
15. Birthplace: unk (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Williams
(b) Address:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 29-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Pk.
18. (a) Signature of funeral director: Boyd Bros
(b) Address: Kinloch
19. (a) 1-28-48 (Date received local registrar) (b) Earl Q. Hart M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 23 year: 1948 hour: 12 minute: 50 P.M.
21. I hereby certify that I attended the deceased from: Apr. 1, 1947, to Jan. 23, 1948 that I last saw h. alive on Jan. 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Encephalomalacia	
Encephalomalacia	
Encephalomalacia	
Due to: Cerebral arteriosclerosis	
Cerebral arteriosclerosis.	
Due to: 63	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Negative	

PHYSICIAN — Underline the cause of 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: C. Isaac Brown (M. D. or other)
Address: 6a Brentwood Blvd Date signed: 1-24-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4548 Paul

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.

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