DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 21 1948

Registration District No. 162

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5594

State File No. 23362

Registrar's No. 40

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

1. PLACE OF DEATH:

(a) County: JEFFERSON

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

(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 YRS - 9 DAYS (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: ST. LOUIS

(c) City or town: ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 6517 OLEATHA
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: ARTHUR BUHLMAN

3. (b) If veteran, name war: ✓

3. (c) Social Security No. ✓

4. Sex: MALE

5. Color or race: W

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~: WIDOWED

6. (b) Name of ~~husband~~ or wife: SARAH MARY COURAN

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

7. Birth date of deceased: SEPT. (Month) 5 (Day) 1870 (Year)

8. AGE: Years 78 Months 9 Days 24 If less than one day hr. min.

9. Birthplace: MACOUPIN Co. (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation: OPERATOR - BULL DOZER

11. Industry or business: BULL DOZER

FATHER
12. Name: DODSON BULLMAN
13. Birthplace: NEW JERSEY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ELIZA MAY EDWARDS
15. Birthplace: KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant: Brother Conrad O.S.B.
(b) Address: St Joseph's Hill Inf.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cem.

18. (a) Signature of funeral director: Thos Gebken Sons
(b) Address: 2628 Gravois

19. (a) July 1-48 (Date received by local registrar) (b) Blue J. Kirk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29 year 1948 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from JUNE 25, 1946 to JUNE 29, 1948 that I last saw him alive on JUNE 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: CARDIAC INSUFFICIENCY — Duration

Due to: CHRONIC MYOCARDITIS

Due to:

Other conditions: -
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 93.0

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) 0

While at work? (c) Means of injury

23. Signature: [illegible] (M. D.)

Address: 9155 Wm Wundenwenter Date signed 6/29/48

(Licensed Embalmer's Statement on Reverse Side) St Louis Mo

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7/19/46

JUL 21 1946

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. Howard H. Rowland

Licensed Embalmer No. 3114

P. O. Address. St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.