No. 300
10.48

FILED DEC 14 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39437

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2907

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural St. Louis 15, Mo
c. LENGTH OF STAY (In this place) 3 m. 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis State Training School

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - St Ferdinand Twp
d. STREET ADDRESS (If rural, give location) Bellefontaine Road

3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) Leahman c. (Last) Pulliam

4. DATE OF DEATH (Month) (Day) (Year) December 2 1950

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH October 17, 1940
9. AGE (In years last birthday) 10 — IF UNDER 1 YEAR Months 1 Days 23 — IF UNDER 24 HRS. Hours 8 Min 18

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Doniphan Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Woodrow Pulliam
13b. MOTHER'S MAIDEN NAME Vergie Verdene Moore
14. NAME OF HUSBAND OR WIFE /

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records of St. Louis State Training School, St. L 15

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition, Inability to assimilate food — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 2865

DUE TO (c) ..... since birth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Paraplegia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 2865
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 8 *19*50*, to* Dec. 2 *19*50*, that I last saw the deceased alive on* December 2 *19*50*, and that death occurred at* 8:18 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Edward Paul Wolff M.D. (Degree or title)
23b. ADDRESS St. Louis State Training School
23c. DATE SIGNED 12-2-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 12-2-50
24c. NAME OF CEMETERY ~~OR CREMATORY~~ Memorial Cemetery
24d. LOCATION (City, town, or county) (State) Flatpiver Mo

DATE REC'D BY LOCAL REG. 12/2/50
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 4104 Manchester Ave. St. Louis 10, Mo.

(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 b

.....

working under my personal supervision.

Student Embalmer No.....

Signed J. Allen Davis Jr

Signed.....
Student Embalmer

Licensed Embalmer No. 4053

P. O. Address St Louis Mo

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

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