

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **40070**

No. 300
10-48

FILED DEC 8-1951

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>3247</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis County.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings</u>		c. LENGTH OF STAY (in this place) <u>13</u> MONTHS		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jennings</u>		d. STREET ADDRESS (If rural, give location) <u>4138 2520 McLaren Ave., 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elms Nursing Home.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 29, 1951</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Isabelle</u>			b. (Middle) _____		c. (Last) <u>Pulliam</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 22, 1893</u>	
9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>
13a. FATHER'S NAME <u>James Parson</u>			13b. MOTHER'S MAIDEN NAME <u>Liza Jean Henshaw</u>		14. NAME OF HUSBAND OR WIFE <u>Late Charles Pulliam</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Kiel, 7312 Jenwood Ave.,</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhages</u> ANTECEDENT CAUSES <small>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</small> DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) <u>Essential hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <small>Conditions contributing to the death but not related to the disease or condition causing death.</small> <u>Left hemiplegia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wks.</u> <u>unknown</u> <u>1 year</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4-43-X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Oct 16, 1950</u> , to <u>Nov 29, 1951</u> , that I last saw the deceased alive on <u>Nov 27, 1951</u> , and that death occurred at <u>1:55 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lewis Littmann MD</u>				23b. ADDRESS <u>8231 Clayton Rd (17)</u>		23c. DATE SIGNED <u>11/29/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 1, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-30-51</u>		REGISTRAR'S SIGNATURE <u>Theobald A. Jomke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leidner Und. Co., 2223 St. Louis Av.</u>			

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

008
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8231 Wagon Ave.
3-5

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

John L. Hennick

Licensed Embalmer No. _____

4194

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.