

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40134
 BIRTH NO. 40489-57 REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3879

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HTS</u>		c. LENGTH OF STAY (If in this place) <u>6 DAYS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>2836 S 4th ST.</u>	
3. NAME OF DECEASED (Type or Print) <u>LINDA PULLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 2 1951</u>	
5. SEX <u>FEMALE</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
6. COLOR OR RACE <u>WHITE</u>		8. DATE OF BIRTH <u>JUN 21 1951</u>	
9. AGE (In years: last birthday) <u>5</u>		IF UNDER 1 YEAR: MONTHS <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>IRVIN PULLEN</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY PARKER</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>IRVIN PULLEN</u> ADDRESS <u>2836 S 4th ST.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Ecology</u> <u>Gastric-enteritis - Undetermined</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ecology</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11/10/51-12/2/51</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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>11/24</u> , 19 <u>51</u> , to <u>12/2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12/2</u> , 19 <u>51</u> , and that death occurred at <u>6:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. R. Sharp</u>		23b. ADDRESS <u>St. Mary's Hospital St. Louis, Mo.</u>	
(Degree or title) <u>M.D.</u>		23c. DATE SIGNED <u>Dec. 3, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>DEC 5 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST. MATHEWS CEM</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
DATE REC'D BY LOCAL REG. <u>12-4-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Lombardi</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Thomas Tutis</u>		ADDRESS <u>2906 Gravois</u>	

(Licensed Embalmer's Restatement 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Leo J. Budde*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3989*

P. O. Address *5906 Gravois*

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.