

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

State File No. **37802**

No. 306
10-48

FILED NOV 6 - 1953
86234

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547** Registrar's No. **2713**

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).	
a. COUNTY St. Louis		a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY OR TOWN Kirkwood 4723	
c. LENGTH OF STAY (in this place) 14 hrs.		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		• STREET ADDRESS (If rural, give location) 1200 Forest Ave.	
3. NAME OF DECEASED			4. DATE OF DEATH
a. (First) Jonathon b. (Middle) Girard c. (Last) Bull			(Month) (Day) (Year) Oct. 18, 1953
5. SEX <input checked="" type="checkbox"/> male <input type="checkbox"/> female	6. COLOR OR RACE whitem	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct. 18, 1953
9. AGE (In years last birthday) 0		10. MONTHS 0	11. DAYS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State or Foreign Country) Richmond Heights, Mo.
12. CITIZENSHIP america		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Russell E. Bull		13b. MOTHER'S MAIDEN NAME Editha B. Wussler	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Russell E. Bull
		ADDRESS Kirkwood, Mo.	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Frythroblastosis Fatalis	
		INTERVAL BETWEEN ONSET AND DEATH 14 hrs	
		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. Alectasis - congenital	
		7700	
		14 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) _____		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 Oct 18, 1953 ^{8A} to Oct 18, 1953 ^{5PM} , that I last saw the deceased alive on Oct 18, 1953 , and that death occurred at 5:45 PM. , from the causes and on the date stated above.			
23a. SIGNATURE Dr. J. Jones - M.D.		23b. ADDRESS 110 So. Central - Clayton	
		23c. DATE SIGNED 10/19/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/20/53	
		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 10/20/53		REGISTRAR'S SIGNATURE Wesley R. Allen M.D.	
		25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger	
		ADDRESS Kirkwood 22, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

VS OCT 25 1960

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.....
Signature of Student Embalmer

Signed *William H. Putney*.....

Licensed Embalmer No. 4316

P. O. Address *Kirkwood, Mo.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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