

FILED AUG 30 1954
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28467

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY OR TOWN <u>PERRYVILLE</u>		c. CITY OR TOWN <u>RURAL BEAUVILLE</u>	
c. LENGTH OF STAY (in this place) <u>22 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>RIVER AUX VASES MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PERRY CO MEMORIAL HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE</u> b. (Middle) <u>BATHERINE</u> c. (Last) <u>BULK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 25 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>MARCH 13 1883</u>		9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>RIVER AUX VASES MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <u>MARTIN KRAMER</u>		13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE RUDLOFF</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES H. BULK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>488-07-1704A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles H. Bulk</u> ADDRESS <u>River aux vases Mo</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of ovaries</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>metastasis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>175X</u>			

19a. DATE OF OPERATION <u>6/22/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of ovaries (abdominal carcinomatous)</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) 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 6/22, 1954 to 8/25, 1954; that I last saw the deceased alive on 8/25, 1954, and that death occurred at 10:30 a.m. from the causes and on the date stated above.

23a. SIGNATURE <u>William P. Peterson M.D.</u> (Degree or title)		23b. ADDRESS <u>Perryville, Mo</u>		23c. DATE SIGNED <u>8/25/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 28 1954</u>		24c. NAME OF CEMETERY <u>ST PETERS</u>	
24d. LOCATION (City, town, or county) <u>ST LOUIS CO</u>		24e. (State) <u>MO</u>			

DATE REC'D BY LOCAL REG. <u>Aug 26, 1954</u>		REGISTRAR'S SIGNATURE <u>Joseph J. Zellner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Basler Sr.</u> ADDRESS <u>St. Genevieve Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

SECRET

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

Adrian J. Ehler

Licensed Embalmer No.

4740

P. O. Address

Ste. Benneville

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.