

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

13791

State File No. ....

FILED APR 27 1955

Registrar's No. **2931**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>Ladue 4431</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>701 Barnes Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Edgar</b> c. (Last) <b>Pulitzer</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Mar. 30, 1955</b>		
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	
<b>8. DATE OF BIRTH</b> <b>March 21, 1885</b>		<b>9. AGE</b> (In years last birthday) <b>70</b>		if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, except if retired) <b>Publisher; Post-Dispatch</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>New York, City, New York</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>					

<b>13a. FATHER'S NAME</b> <b>Joseph Pulitzer</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Kate Davis</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Elizabeth Edgar Pulitzer</b>	
---	--	---	--	---	--

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes W.W. I Navy</b>		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Joseph Pulitzer, Jr. 1111 Olive St;</b>	
--	--	--------------------------------	--	--	--

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Retroperitoneal hemorrhage</b>			ANTECEDENT CAUSES			<b>1 hr.</b>		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) <b>Arteriolar Aneurysm</b>			<b>2 yrs.</b>		
			DUE TO (c) <b>Arteriosclerosis</b>			<b>Yrs.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
-------------------------------	--	---	--	--	--	--	--

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>452x</b>	

**22. I hereby certify that I attended the deceased from Feb. 4, 1955, to March 30, 1955, that I last saw the deceased alive on March 30, 1955, and that death occurred at 11:45 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>C. D. Verillion, M.D.</i> (Degree or title) <b>M. D.</b>		<b>23b. ADDRESS</b> <b>BARNES HOSPITAL</b>		<b>23c. DATE SIGNED</b> <b>3/31/55</b>	
---	--	---	--	---	--

<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Cremation</b>		<b>24b. DATE</b> <b>4/1/1955</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oak Grove Crematory</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Co., Missouri</b>	
--	--	-------------------------------------	--	---	--	--	--

<b>DATE REC'D BY LOCAL REG.</b> <b>MAR 31 1955</b>		<b>REGISTRAR'S SIGNATURE</b> <i>J. Earl Smith M.D.</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd</b>	
---	--	---	--	--	--

*S. P.* (Licensed Embalmer's Statement on Reverse Side)

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

OCT 11 1955

MAY 2 1958

APR 27 1965

**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 *Arnold W. Schoene*.....  
Licensed Embalmer No. *386*

P. O. Address *St. Louis*.....

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.