

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 22 1955

State File No. 20075

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4811

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 63 Yrs. c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to City Hospital 23 STREET ADDRESS (If rural, give location) 2636 Lafayette 22370

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) I. c. (Last) GULLICK 4. DATE OF DEATH (Month) (Day) (Year) May 31, 1955

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH 11-29-1884 9. AGE (in years by birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (City and State or Foreign Country) Centralia, Ill. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Gullick 13b. MOTHER'S MAIDEN NAME Martha Genett 14. NAME OF HUSBAND OR WIFE - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No 16. SOCIAL SECURITY NO. 492 05 2979 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glyde Gullick, 3508 Watson Rd.

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carbon Monoxide poisoning suffered when deceased was asleep cause by smoke from fire caused by deceased's faulty smoking in bed in room at home at 2634 Lafayette Ave. about 11:00 pm, May 30 1955 Accident
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death, not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 30 5:10 p.m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? E9160

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above. 10

23a. SIGNATURE Joseph J. Quinn (Degree or title) 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 6/2/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6-2-55 24c. NAME OF CEMETERY OR CREMATORY Sunset 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. JUN 2 1955 REGISTRAR'S SIGNATURE Carl Smith MO 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis, Missouri

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

James R. Chapman

Licensed Embalmer No...45

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.