S. No. 300
v. 10.48

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

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7640

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 519

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jennings
c. LENGTH OF STAY (in this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Halls Ferry Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Oakwood Park 4000
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 9855 Medford Dr.

3. NAME OF DECEASED (Type or Print)
a. (First): Belle
b. (Middle):
c. (Last): Bullard

4. DATE OF DEATH (Month) (Day) (Year): Feb. 21 1956

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: April 4 1891
9. AGE (In years last birthday): 64
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): housework
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (City and State or Foreign Country): Charleston Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: H. Robertson
13b. MOTHER'S MAIDEN NAME: Sarah Record
14. NAME OF HUSBAND OR WIFE: Harvey D. Bullard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Howard Root 9855 Medford Dr.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral malacia — INTERVAL BETWEEN ONSET AND DEATH: 7 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Left hemiplegia — 7 months
DUE TO (c) Hypertensive Cardiovascular disease — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 443x ~~7442x~~
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 8, 1955, *to* Feb 21, 1956, *that I last saw the deceased alive on* Feb 21, 1956 *and that death occurred at* 1:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lewis Littmann MD
23b. ADDRESS: 8231 Clayton Rd (17)
23c. DATE SIGNED: 2/22/56

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 2/22/56
24c. NAME OF CEMETERY OR CREMATORY: Roselawn Cemetery
24d. LOCATION (City, town, or county) (State): Charleston Ill

DATE REC'D BY LOCAL REG.: 2-21-56
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Clark Funeral home-Charleston Ill.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wilfred H Buckholz

Licensed Embalmer No. 455

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.