

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027799
STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2002

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Robinson Robertson		c. CITY OR TOWN Richmond Heights	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Carter's Nursing Home		d. STREET ADDRESS (If outside, give location) 1250 Laclade Sta. Rd.	

3. NAME OF DECEASED (Type or print) First Middle Last S A R A F. B U L L A R D	4. DATE OF DEATH Month Day Year 7 29 1958
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 6, 1871	9. AGE (In years last birthday) 86	10. FUNDING YEAR Months Days 11 23	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Retired) Teaching	10b. KIND OF BUSINESS OR INDUSTRY Teacher	11. BIRTHPLACE (City and state or country) Charleston, West. Va.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME James Bullard	13b. MOTHER'S MAIDEN NAME Ellen Mercer	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. UNK.	17. INFORMANT Address Elmer Mosee 1250 Laclade Sta. Rd
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Death occurred at July 12/58 3379 and last saw her/him alive on 7/29/58 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. M. D.	22b. ADDRESS 438 Parkman	22c. DATE SIGNED 7-29-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/31/58	23c. NAME OF CEMETERY OR CREMATORY Springhill Cemetery	23d. LOCATION (City, town or county) (State) Charleston W. Va.
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24. FUNERAL DIRECTOR ADDRESS Gates Funeral Home 4107 Finney	25. DATE RECD. BY LOCAL REG. 7-30-58	26. REGISTRAR'S SIGNATURE Herbert R. Donke M.D.
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(Licensed Embalmer's Statement on Reverse Side)

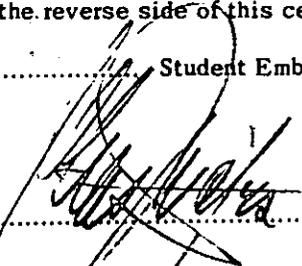
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 

Licensed Embalmer No. 1825.....

P. O. Address 4107 Finney...

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.