...t. Health,
..., & Welfare
...S. Public
...lth Service
...01
...S. 300
...v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031321

STATE FILE NUMBER

FILED SEP 12 1958

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2306

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rock Hill — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2905 Middlebush — Length of stay in 1b Ct. 3 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Rock Hill 4631 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 2905 Middlebush Ct. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First JOHN Middle GEORGE Last DULLE

4. DATE OF DEATH Month Sept. Day 4th Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH March 22, 1873
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months 5 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY Illinois Central
11. BIRTHPLACE (City and state or country) R.R. Aviston, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Dulle
13b. MOTHER'S MAIDEN NAME Annie Huntmann
14. NAME OF HUSBAND OR WIFE Mamie Dulle

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. R.R.Retirement
17. INFORMANT Oliver A. Dulle — Address 324 Frost, Ferguson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic Heart Disease — 5 years
DUE TO (c) 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-15-'56, to 9-4-58 and last saw her/him alive on 9-3-58
Death occurred at 9-4-58 5:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. L. McCall (Degree or title) MD
22b. ADDRESS Brentwood 17 Mo
22c. DATE SIGNED 9-4-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Sept. 6, 1958
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR A. H. Bocklage — ADDRESS 6536 Clayton Rd.
25. DATE RECD. BY LOCAL REG. 9-5-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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. 4108

P. O. Address Lewiston Me.

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.