

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011465

STATE FILE NUMBER

2539

FILED MAR 25 1959 Registration District No. Primary Registration District No. Registrar No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chicago
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3652a Russell Blvd		Length of stay in lb 4 days	d. STREET ADDRESS (If outside, give location) 510 W. 75th St.

3. NAME OF DECEASED (Type or print) First Middle Last FLOYD TULLOCK			4. DATE OF DEATH Month Day Year March 10, 1959		
---	--	--	--	--	--

5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH May 6, 1908	9. AGE (In years last birthday) 50	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) gas station operator	10b. KIND OF BUSINESS OR INDUSTRY retail gasoline	11. BIRTHPLACE (City and state or country) Bonne Terre, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	-------------------------------------

13a. FATHER'S NAME Johnson Andrew Tullock	13b. MOTHER'S MAIDEN NAME Armina Eaton	14. NAME OF HUSBAND OR WIFE Virginia Haeffner
--	---	--

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. 489-09-9300	17. INFORMANT Roger Donald Tullock, 3652 Russell Blvd.
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinomatosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Ca. of Lung.</u>		<u>9 mos.</u>
	DUE TO (c) <u>163x</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Metastatic tumor of spine.</u>		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 WORK <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
---	--	--	---

21. I attended the deceased from <u>March 6, 59</u> to <u>March 10, 59</u> and last saw her alive on <u>March 9, 59</u> . Death occurred at <u>6:00 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE <u>L. H. Boeck, M.D.</u>	22b. ADDRESS <u>1304 P. Grand Ave</u>	22c. DATE SIGNED <u>3.11.59.</u>
--	--	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>Mar. 13, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
---	-----------------------------------	---	--

24. FUNERAL DIRECTOR <u>BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave</u>	25. DATE RECD. BY LOCAL REG. <u>MAR 12 '59</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
--	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. Lux Bock  
1504 So. Grand Ave.  
PR-6 - 1600  
Kid. JNU1-6577  
*2 years  
710 two hrs + less an opportunity*

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 *Harmer H. DeWitt* .....

Licensed Embalmer No. *3882*  
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.