

FILED OCT 28 1944

Registration District No. **317**

Primary Registration District No. **3068**

Registrar's No. **2177**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Maplewood**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7211 Lanham Ave. Apt. E.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether
In this community **1**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **96**
(c) City or town **Maplewood** **5**
(If outside city or town limits, write "RURAL")
(d) Street No. **7211 Lanham Ave** **3**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Hughes Clark Pulliam**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **489-01-8883**

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Helen** 6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **Feb. 16, 1906**
(Month) (Day) (Year)

8. AGE: Years **38** Months **8** Days **7** If less than one day hr. min.

9. Birthplace **Harrisburg Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clothing Salesman**
11. Industry or business **Well Clothing Co St. Louis**

MOTHER FATHER { 12. Name **Wm. Tucker Pulliam**
13. Birthplace **Unknown** 4
(City, town, or county) (State or foreign country)
14. Maiden name **Myrtle Clark**
15. Birthplace **Missouri** 0
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Helen C. Pulliam**
(b) Address **7211 Lanham Maplewood, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 26, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Centertown, Centertown**

18. (a) Signature of funeral director **Jay B. Smith**
(b) Address **7456 Manchester, Ave. Maplewood, Mo.**

19. (a) **OCT 24 1944** **E. B. McLawrence, M.D.**
(Date recorded) (Registrar's signature) **Com**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **23**
year **1944** hour **8:00 P.M.** minute M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** Duration _____

Due to **Arteriosclerosis of the coronary arteries; hypertension**

Due to _____

Other conditions **Chronic alcoholism; delirium tremens; cirrhosis of the liver**

Major findings: Of operations _____
Of autopsy **No** 1242

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Yes.**

While at work? _____ (Specify type of place) (r) Means of injury _____

23. Signature **E. B. McLawrence, M.D.** (M. D. or other) **0**
Address **601 Brentwood Blvd.** Date signed **10/24/44**

DEC 30 1885

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 3454
..... Registered Apprentice No.....
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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 this body is not embalmed, fact should be so stated above.