MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

8044

1. PLACE OF DEATH

County..... Registration District No. 781

Township..... Primary Registration District No. 1003

City St. Louis (No. 4514 Delmar Blvd St. ..... Ward)

File No. 1084

Registered No. 1084

2. FULL NAME James Hulba

(a) Residence. No. 5451 Delmar St., 12 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 15 - 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	2	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Oil Burner Engineer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Home Utilities Co.

9. BIRTHPLACE (CITY OR TOWN) Bloomington
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER J. T. Hulba.

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER Sarah Kimes.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) N. Va

14. INFORMANT A. T. Simmons
(Address) R. 1 Edwardsville Nonical Ill

15. FILED ..... 19..... May C. Starkey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carbon Monoxide Poisoning from fumes of Auto Engine (duration) 5 minutes hrs. ds.

CONTRIBUTORY (SECONDARY) Whether accidental or Intentional not ascertained (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1908
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Reeves, M. D.
2/5, 1929 (Address) Dep. Cor.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bloomington Ill.

DATE OF BURIAL Feb 5 1929

20. UNDERTAKER Wm M Schumacher

ADDRESS 1844 N Jefferson

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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