

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

Do not use this space.

33438

1. PLACE OF DEATH

County St. Louis
Township Central
City Paul Lawn (No. Tilman Hospital)

Registration District No. 289
Primary Registration District No. 60.333

File No. _____
Registered No. 285 St. _____ Ward _____

2. FULL NAME

Brown Hulsey Jr.
(a) Residence, No. 2700 Kremenlen Ave St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ✓ (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 - 1920

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
12 5 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School Boy Garfield School
10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Esther MA

13. NAME Brown Hulsey Jr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Stella Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lone Dell MO

17. INFORMANT Geo. Richard (ADDRESS) 2700 Kremenlen Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Grubville, Mo DATE Oct 18 1932

19. UNDERTAKER L. B. Towner (ADDRESS) 6107 Natural Bridge Rd

20. FILED 10/16 1932 Orla Boney, M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/15/32

22. I HEREBY CERTIFY, That I attended deceased from 2:10 PM 1932, to _____, 1932. I last saw him _____ alive on _____, 1932. Death is said to have occurred on the date stated above, at 2:15 PM.

The principal cause of death and related causes of importance were as follows: Struck by automobile while fighting traffic on public highway Date of onset 10/13/32

Other contributory causes of importance: Fractured skull

Name of operation _____ Date of _____
What test confirmed diagnosis _____ Was there an autopsy (5) 204

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury 10/13/32
Where did injury occur Paul Lawn, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) John O'Connell, M. D.
Address Coroner of St. Louis County

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.

NOV 28 1932

WRITE COMPLETELY WITH UNFADING INK—THIS IS A PERMANENT RECORD

