

99
JUN 5 1936

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

Do not use this space.

20702

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (Found at foot of Davis

File No. _____
Registered No. **4884**
St. _____ Ward _____

2. FULL NAME **Raymond Veril Hulín**

(a) Residence, No. **2300 Bremen** St., **2D** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **17** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Fannie Hulín**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 13, 1897**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 9 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Boiler Maker**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Scot County** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Frank Hulín**
14. BIRTHPLACE (CITY OR TOWN) **Kentucky** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Cora Bryant**
16. BIRTHPLACE (CITY OR TOWN) **Missouri** (STATE OR COUNTRY)

17. INFORMANT **Fannie Hulín** (ADDRESS) **2300 Bremen**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lakewood Park Cem** DATE **May 5, 1936**

19. UNDERTAKER **A. W. McLaughlin** (ADDRESS) **2301 Lafayette**

20. FILED **MAY 4 1936** **J. T. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 3, 1936**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.
The principal cause of death and related causes of importance were as follows:

Asphyxiation due to drowning.
unknown as to boat

Other contributory causes of importance: **166**

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide _____ Date of injury **10/29/36**
Where did injury occur? **Missouri**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **drowning**
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) **Harold Blum**, M.D.
(Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SECRET

TOP SECRET - FRODO BAGGINS

SECRET

SECRET

SECRET