

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

Do not use this space.

JUN 6 1936
1. PLACE OF DEATH

County.....
Township.....
City **St. Louis**

Registration District No.....
Primary Registration District No. **1003**
(No. **De. Paul Hospital**)

791

File No. **21135**
Registered No. **5343**
St. Ward)

2. FULL NAME **Florence Hull**

(a) Residence, No. **4064a Arsenal St.** St. **15** 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 Female	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 Henry Hull				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1887				
7. AGE	YEARS 48	MONTHS 8	DAYS 15	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.			
	13. NAME Theodore Hughes			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City New York			
MOTHER	15. MAIDEN NAME Mary Laurent			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York City New York			
17. INFORMANT Mr. Henry Hull (ADDRESS) 4064a Arsenal St.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood DATE May 31 1936				
19. UNDERTAKER Cullinane Brog. (ADDRESS) 1710N. Grand Blvd.				
20. FILED MAY 20 1936 J. Bredeck Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 18, 1936** .19

22. I HEREBY CERTIFY, That I attended deceased from **March 10th 1936**, to **May 18**, 19**36**
I last saw h. **er** alive on **May 18th 1936**. Death is said to have occurred on the date stated above, at **1.20pm**
The principal cause of death and related causes of importance were as follows:
Brain Tumor (Left) Meningitis (Secondary) (Type undetermined)
Date of onset **5/10/36**
Other contributory causes of importance:
None
Name of operation **None** Date of
What test confirmed diagnosis? **clinical** Was there an autopsy? **Yes**
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **None** Date of injury 19.....
Where did injury occur? **None**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury **None**
Nature of injury **None**
24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify **None**
(Signed) **Hubert P. Smith**, M. D.
(Address) **5205² Chippewa St.**

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.

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