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.

DEC 3 1936

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

Do not use this space.

791

43237

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 11818

City St. Louis (No. 5028, Sutherland Ave. St. ..... Ward)

2. FULL NAME Elva Etta Hull

(a) Residence, No. 5028 Sutherland Ave. St., 14 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 24 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 C. Hull

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11 1872

7. AGE: YEARS 64 MONTHS 2 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co. Ill.

FATHER

13. NAME Unknown Twiss
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER

15. MAIDEN NAME Louise Lear
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Henry C. Hull 5028 Sutherland Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pk DATE 12-1-36, 19

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 S. Kingshighway Blvd.

20. FILED NOV 30 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1931, 19, to 11-29-36, 19

I last saw her alive on 11-29-36, 19 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
c left side paralysis
~~[illegible]~~
numerous attacks since

Date of onset (1931)

Other contributory causes of importance: Last attack 11/27/36*

Name of operation none 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 ....., 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in 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) D. C. Pfeifer, M. D.

(Address) 4523 S. Kingshighway

Dr. Pfeifer 4523 S. Kingsbighway
Tel. 3625 10-11-A.M. - 3-4-P.M. - 7-8 P.M.