

AUG 30 1937

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

To be filed by St. Louis CO. Coroner

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County St. Louis Registration District No. 289
Township Normandy Central Primary Registration District No. 6033
City Pine Lawn, Mo. (No. 3718 Jennings rd.

File No. 28316
Registered No. 194
St. Ward

2. FULL NAME Edward Harrison Hulsey,

(a) Residence, No. 6161 Columbia Ave., St., Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/7/1922
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 15 5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/12/37
22. I HEREBY CERTIFY, That I attended deceased from June 29th 1937, to July 12, 1937
I last saw him alive on July 12th, 1937. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school boy
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

General pyemia; septicemia, with multiple pyemic abscesses, acute septic endocarditis, acute septic myocarditis, history, multiple boils.
Date of onset

Other contributory causes of importance: Pulmonary septic infarctions with septic myocarditis causing myocardial failure
1942
7/12/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Benjamin Harrison Hulsey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent County, Mo.

15. MAIDEN NAME Mary Jane Gibbs

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Mo.

17. INFORMANT Benjamin Harrison Hulsey (ADDRESS) 6165 Columbia Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE July 15 1937

19. UNDERTAKER (ADDRESS) [Signature]

20. FILED 7-13-37 [Signature] Registrar.

Name of operation OVER Date of
What test confirmed diagnosis? C.I. & 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

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?
If so, specify
(Signed) [Signature] M. D.
(Address) 13718 Jennings Rd.

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.

History given by mother of striking foot
against broom-handle on back porch before
entering hospital. and was then taken to two
other doctors , Xray was taken by them. He
rapidly grew worse and was entered at this
hospital.