

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39  
I X 1951

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.

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 4905 Davison Ave  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Christian Edward Hulskamp  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 491-18-0126

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive unk years  
 7. Birth date of deceased Dec. 25th, 1863  
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 5  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name George H. Hulskamp  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Maria K. Kehrens  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Hulskamp  
 (b) Address 4905 Davison Ave.

17. (a) Burial (b) Date thereof March 4th 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Kraeger-Voss-Fix, Inc.  
 (b) Address 3402 N. Kingshighway

19. (a) MAR 4 1940 (b) J. T. [Signature]  
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
 (c) City or town St. Louks, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4905 Davison Ave  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 1st  
 year 1940 hour 5.30 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 12-4, 1939, to 3-1, 1940;  
 that I last saw him alive on 3-1, 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis  
 Duration \_\_\_\_\_

Due to arteriosclerotic hypertension  
 Due to \_\_\_\_\_

Other conditions MI  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)  
 (e) Means of injury 1

23. Signature [Signature] (M. D. or other) MD  
 Address 5074 N. Union Date signed 3-2-40

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Guy W Wilkinson  
Licensed Embalmer No. 3575

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**