

34179
State File No. _____
8876
Registrar's No. _____

Registered District No. 791

Primary Registration District No. 1003

Registrar's No. _____

PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 5 Days
(Specify whether
In this community..... 4 years
years, months or days)

3. (a) PRINT Andrew Hulsey
FULL NAME

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Tillie 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April 3, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	6	23	hr. min.

9. Birthplace Washington Co., Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer 0

11. Industry or business Retired ^

ER (J. Name H. G. Hulsey

FATH } 13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Girardier
15. Birthplace Missouri

7. (City, town, or country) (State or foreign country)

16. (a) Informant ~~James Earl Ray~~
(b) Address 1003 Armstrong

17. (a) Burial (b) Date thereof 10/29/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fariview, Mo.

18. (a) Signature of funeral director: R. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) OCT 28 1940 (b) AFB
(Data received local registrar) (Name, initials)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
0 (d) Street No. 1003 Armstrong
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27,
year 1940 hour 2:25 minute P. M.

21. I hereby certify that I attended the deceased from October 23, 1940 to October 27, 1940 that I last saw him im alive on October 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Left hemiplegia	52.

Due to Right Cerebral Hemiplegia. 52.

Due to Essential Hypertension 10 yrs.
Generalized Arteriosclerosis 10 yrs.

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

Major findings:
Of operations

Of autopsy..... 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**

(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)

While at work: _____ b) Means of injury: _____

23. Signature Edward A. Lyman (M. D. or other)

1515 Lafayette Avenue. 10/28/40

(Licensed Embalmer's Statement on Reverse Side)

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

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

L.R. Cooper

Licensed Embalmer No. *3633*

P. O. Address. *2317 Lafayette*

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

If this body is not embalmed, fact should be so stated above.