No. 2
4-13-40
-17-39
X2

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41905

FILED JAN 10 1941 85

Registration District No. _____ Primary Registration District No. 1001 Registrar's No. 1351

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5921 King Hill Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 5921 King Hill Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William J. Hult
3. (b) If veteran, name war none
3. (c) Social Security No. 487-05-1276
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Anna Koblitz
6. (c) Age of husband or wife if alive dont know years
7. Birth date of deceased Feb. 19, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	10	04	hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Butcher, Retired
11. Industry or business Swift & Co.
FATHER
12. Name Charles W. Hult
13. Birthplace Stockholm (City, town, or county) Sweeden (State or foreign country)
MOTHER
14. Maiden name Marie Blumberg
15. Birthplace Stockholm (City, town, or county) Sweeden (State or foreign country)
16. (a) Informant Mrs. Ora Davis
(b) Address 5921 King Hill Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 26, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem.
18. (a) Signature of funeral director Clark Mortuary
(b) Address 5025 King Hill Ave.
19. (a) Dec 26 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 3rd day Died year 1940 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from July 1940 to Dec 3 1940; that I last saw him alive on Dec 1 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Edema	24 hr
Due to Chronic Interstitial Nephritis	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death) Cirrhosis Liver	1 yr

Major findings:
Of operations —
Of autopsy —
12-4-40

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)
While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~)
Address [illegible] Date signed 12/23/40

(Licensed Embalmer's Statement on Reverse Side)

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, on ~~XXX~~ 12/23/40

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, Mo.

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

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