

MAY 13 1941
Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution **Jewish Hospital**
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain**
(c) City or town **Mexico**
(d) Street No. **Route # 3**
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME **Claude Hulen**
3. (b) If veteran, name war **No.**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Libbie**
6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **Oct. 26 1870**

8. AGE: Years **70** Months **5** Days **27**
If less than one day _____ hr. _____ min.

9. Birthplace **Boone Co. Missouri**

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER {
12. Name **Enoch Hulen**
13. Birthplace **Unknown**
14. Maiden name **Unknown**
15. Birthplace **Unknown**

16. (a) Informant **Harry Hulen**
(b) Address **Mexico, Mo.**

17. (a) **Removal** (b) Date thereof **4/25/41**
(c) Place: burial or cremation **Centralia, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**

19. (a) **APP 24 1941** (b) **J. T. Broderick**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23**
year **1941** hour **12:45** minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart disease**
Cardiac decompensation
Due to **myocardial infarction**
Due to _____

Other conditions _____
Major findings of operation **myocardial infarction**
cardiac failure

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature **Edward Massie** (M. D. or other) _____
Address **607 N. Grand** Date signed **4/24/41**

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 *Albert G. Hoffe*

Licensed Embalmer No. *2971*

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, fact should be so stated above.