

MAY 13 1941
Registration District No. 91

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: 5364 Bartmer
(d) Length of stay: In hospital or institution.....
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 5364 Bartmer
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1941 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from March 18
1936, to April 25 1941.
that I last saw him alive on April 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: acute dilatation of heart
Due to myocarditis (chronic)

Other conditions: hypertension, senility
Major findings: hypertension, senility
Of operations: None
Of autopsy: None

Duration

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?

While at work? (Specify type of place) (e) Means of injury.....
23. Signature H. L. Wilks (M. D. or other)
Address 5298 Page Date signed 4/25/41

3. (a) PRINT FULL NAME James N. Hull

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

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

6. (b) Name of husband or wife Lillian Hull 6. (c) Age of husband or wife if alive March 25 1858

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 1 If less than one day hr min

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

10. Usual occupation Printing Broker

11. Industry or business.....

12. Name James N. Hull

13. Birthplace England (City, town, or county) (State or foreign country)

14. Maiden name Winters

15. Birthplace Went (City, town, or county) (State or foreign country)

16. (a) Informant William S. Hull

(b) Address 5364 Bartmer

17. (a) Funeral (b) Date thereof 4-28-41 (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director Chas. S. Stuart

(b) Address 1225 Union Blvd.

19. (a) APR 26 1941 (Date received by local registrar) J. T. Broderick (Registrar's signature)

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

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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..... *Bernard Stewart*
Licensed Embalmer No. *3570*
P. O. Address..... *1225 Howard Blvd*

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.