

S. No. 2  
1-9-4-41  
5-17-39  
P-I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8739

FILED APR 13 1942 791

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2770

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St Louis Mo.  
(c) Name of hospital or institution: Mo. Baptist Hospital.  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Franklin  
(c) City or town St Clair, Mo.  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME Margaret Hults  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. no

4. Sex Female 5. Color or race hite  
6. (a) Single, widowed, married, divorced, married  
(b) Name of husband or wife Luther (c) Age of husband or wife if alive 40 years  
7. Birth date of deceased Aug 20 1900

8. AGE: Years 41 Months 7 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Franklin Co, mo. (City, town, or county) (State or foreign country)

10. Usual occupation House wife

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

MOTHER FATHER { 12. Name Guss Stricker  
13. Birthplace Missouri  
14. Maiden name Ulda Calvin  
15. Birthplace Franklin Co, Mo.

16. (a) Informant Ethel Cahill  
(b) Address St Clair, Mo.

17. (a) Burial (b) Date thereof 2/29/42  
(c) Place: burial or cremation Prospect Cem.

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

19. (a) MAR 27 1942 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 27 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 26, 1942 to March 27, 1942 that I last saw her alive on March 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Perforated duodenal ulcer Peritonitis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Peritonitis  
Of operations \_\_\_\_\_  
Of autopsy Perforated duodenal ulcer

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) (c) Means of injury \_\_\_\_\_  
23. Signature E. O. Breckenridge M.D. (M. D. or other) \_\_\_\_\_  
Address Metropolitan Bldg Date signed 3/27/42

03630  
NR.

Duration  
2 days  
2 days

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

ST. CLAIR, MO.

844 (Licensed Embalmer's Statement on Reverse Side)

ST. LOUIS

MAY 18 1962

**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 J. W. M. Bembley  
Licensed Embalmer No. 3653  
P. O. Address St. Louis, Mo

**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.**