

FILED NOV 6 1942

Registration District No. _____

Primary Registration District No. 101

Registrar's No. 2050

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Hrs. 35 Min.
(Specify whether
In this community 2 Hrs. 35 Min.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Sulphur Springs Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sim Lee Hulien

3. (b) If veteran, name war

None

3. (c) Social Security No.

486-184253

4. Sex

Male

5. Color or race

White

6. (a) Single, widowed, married, divorced

Married

6. (b) Name of husband or wife

Sydia E. Hulien

6. (c) Age of husband or wife if alive

53 years

7. Birth date of deceased

March 2 - 1888
(Month) (Day) (Year)

8. AGE:

Years

54

Months

7

Days

0

If less than one day

hr. min.

9. Birthplace

Sedalia

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

D.P.C. Project

12. Name

Jessie Hulien

13. Birthplace

Sedalia

(City, town, or county)

Mo.

(State or foreign country)

14. Maiden name

Tracy Hart

15. Birthplace

Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant

Sydia E. Hulien

(b) Address

Valley Park, Mo. #1

17. (a) Burial

Burial

(b) Date thereof

10/5/42
(Month) (Day) (Year)

(c) Place: burial or cremation

ST. JOSEPH CEM., MANCHESTER, MO.

18. (a) Signature of funeral director

Schradler Funeral Home

(b) Address

Ballwin, Mo.

19. (a) Date received local health

Oct - 2 1942

(b) E. G. McFarland
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

October 2nd

year 1942 hour 6:25 minute P. M.

21. I hereby certify that I attended the deceased from

August 24, 1942 to October 2, 1942
that I last saw him alive on October 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis
with decompensation

Duration

Due to

Due to

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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

B. R. Loring (M. D. or other) MD

Address Ballwin, Mo. Date signed 10-2-42

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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.....
Chas. Schrader

Licensed Embalmer No. *3066*

P. O. Address *Bellewin, 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.