

MAY 19 1943 818
Registration District No.

Primary Registration District No. 1003

Registrar's No. 4387

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Bros Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4006 North Newstead Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Matthew H. Hulling
3. (b) If veteran, name war.....
3. (c) Social Security No. 493-03-1519

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8th
year 1943 hour 8 minute 30p M.
21. I hereby certify that I attended the deceased from May 6, 1943 to May 8, 1943
that I last saw him alive on May 8, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Hulling
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased: June 30 1882
(Month) (Day) (Year)

Immediate cause of death:
Chr. myocarditis
Congestion Heart Failure
Due to Chr. Nephritis Glomerulo
Other conditions (Include pregnancy within 3 months of death) 131
Major findings: Of operations.....
Of autopsy.....

8. AGE: Years 60 Months 10 Days 8 If less than one day
hr. min.

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

10. Usual occupation Meat Cutter

11. Industry or business.....
12. Name Nicholas Hulling
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Waugler
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Hulling
(b) Address 4006 North Newstead Ave

17. (a) Burial (b) Date thereof 5/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll
(b) Address 4600 Natural Bridge Ave

19. (a) MAY 11 1943 (b) J. F. Puleak
(Date received local registrar) (Registrar's signature)

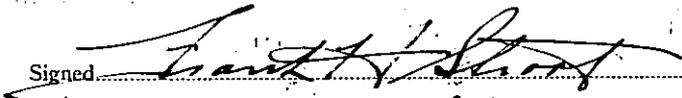
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 R. Hayden (M. D. or other) MD
Address 5899 Wilmar Date signed 5/10/43

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



Licensed Embalmer No. 2265

P. O. Address 4609th Bridge an

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.