

FILED JUN 19 1943
Registration District No. 318

Primary Registration District No. 1009

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Franklin Dea Logan 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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis Missouri
(If outside of city or town limits, write "RURAL")
(d) Street No. 4143 Washington Bl.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OF Fred Hulbert

3. (b) If veteran, name war none 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 Hattie M. Hulbert 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 27, 1871.
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Day 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Service bar operator

11. Industry or business Harry Hulbert

MOTHER FATHER

12. Name Hessie Hulbert

13. Birthplace unknown 9 (State or foreign country)

14. Maiden name Lily Ann Smith

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

16. (a) Informant Hattie M. Hulbert

(b) Address 4143 Washington Bl.

17. (a) Burial (b) Date thereof June 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Chas. A. Bull

(b) Address 4143 Washington Bl.

19. (a) JUN 20 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 14
year 1943 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from June 1942
to June 1943
that I last saw him alive on 6/12/43
and that death occurred on the date and hour stated above.

Immediate cause of death Complications of the Rectum Duration 2 yrs.

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations None

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 J. G. Dean (M. D. or other) MD
Address 634 Grand Ave. Date signed 6/15/43

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.....

John Ketter

Licensed Embalmer No.....

3880

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.