

FILED SEP 22 1943

Registration District No. **327**

Primary Registration District No. **3064**

Registrar's No. **2115**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**
(b) City or town **FERGUSON**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HALLS FERRY MEMORIAL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **MINNIE HULSEY**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced, **WIDOW**

6. (b) Name of husband or wife **JOSEPH HULSEY** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **SEPT. 17 1871**
(Month) (Day) (Year)

8. AGE: Years **71** Months **11** Days **30** If less than one day hr. min.

9. Birthplace **NASHVILLE TENN. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **NIL**

11. Industry or business

12. Name **JOHN LEWIS**

13. Birthplace **TENN. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **ELIZABETH MATHERLY**

15. Birthplace **TENN. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ruth O' Day**

(b) Address **5354 Patton**

17. (a) **BURIAL** (b) Date thereof **SEP 18-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VALHALLA CEM.**

18. (a) Signature of funeral director **E. J. Schurer**

(b) Address **3125 Lafayette Ave**

19. (a) **SEP 21 1943** (b) **J. C. McLarren** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. LOUIS**
(c) City or town **ST. LOUIS** 17
(If outside city or town limits, write "RURAL")
(d) Street No. **5354 PATTON AV.** 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **1**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **18** year **1943** hour **4:10** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 1943** to **Sept 18 1943** that I last saw him alive on **Sept 11 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral of Liver** Duration

Due to **1/6**
Due to **1/6**
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **None** Of autopsy **None**

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) **NO**
(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) (a) Means of injury
23. Signature **Halls Shaver** (M. D. or other) Address **4952 Maryland** Date signed **9-18-43**

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

386

22/x3

SEP 22 1948

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 *Harry J. Schenker*

Licensed Embalmer No. *2679*

P. O. Address. *732 Longwood Rd*

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.