

FILED JAN 20 1945
878

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 310

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:
St. John's 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 St. Charles
(c) City or town Wentzville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10
year 1945 hour 2:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec 28
1944 to 1-10 1945
that I last saw h. er alive on 1-10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death:
Arterio sclerotic heart
disease + Gangrene of leg.
Due to Arterio sclerosis and
Diabetes mellitus
Duration
4-5 yrs.
for
years

Other conditions none
(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) none
(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? _____

(Specify type of place)
While at work _____ (e) Means of injury _____
23. Signature John J. Hammond (M. D. or other) m-d
Address 634 W Grand Date signed 1/10/45

3. (a) PRINT FULL NAME Lena Hulmansick

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Hulmansick 6. (c) Age of husband or wife if alive About 67 years

7. Birth date of deceased July 4 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 6 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bernard Eckelmann

13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Engelburg

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

16. (a) Informant Ralph Hulmansick

(b) Address 6822 Roberts Ave.

17. (a) Burial (b) Date thereof 1-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville, Missouri

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

19. (a) JAN 11 1945 (Date received local registration)
J. P. Bredich (Registrar's signature)

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

MOTHER FATHER

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..... *W. W. Wilkins*
Licensed Embalmer No..... *3575*

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.