

**FILED APR 27 1945** **318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **3400**

**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: Masonic Home of Missouri  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 yrs. 8 mos.  
 (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 535 1/2 Delmar Blvd. St. Louis  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Sarah Leticia Hull  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**4. Sex** F **5. Color or race** W  
**6. (a) Single, widowed, married,** divorced  
**6. (b) Name of husband or wife** Lafayette Hull  
**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** October 29, 1849  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>5</u>	<u>16</u>	hr. _____ min. _____

**9. Birthplace** Madison County, Missouri  
 (City, town, or county) (State or foreign country)  
**10. Usual occupation** Housewife

**11. Industry or business** \_\_\_\_\_  
**12. Name** Joshua Louis Allbright  
**13. Birthplace** Madison County, Mo.  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Catherine J. Dixon  
**15. Birthplace** Madison County, Mo.  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Iva Hirsch  
**(b) Address** 535 1/2 Delmar Blvd. St. Louis

**17. (a) Burial** (Burial, cremation, or removal) (b) Date thereof: Apr. 16-1945  
 (Month) (Day) (Year)  
**(c) Place: burial or cremation** Fredericktown Mo.

**18. (a) Signature of funeral director** Alexander & Sons  
**(b) Address** 617 1/2 Delmar Blvd. St. Louis  
**19. (a) APR 17 1945** (Date received local registrar) J. F. Bredenk (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month April day 14th, year 1945 hour 5:40 minute \_\_\_\_\_ P.M.

**21. I hereby certify that I attended the deceased from** July 19th, 1940 to April 14th, 1945  
 that I last saw her alive on April 14th, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 Due to Carcinoma of Cervix 2Mo.

Due to Chronic-Myocarditis 6Mo.  
Senility 2yrs.

Other conditions (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?** \_\_\_\_\_

(Specify type of place)  
 While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
**23. Signature** John L. Garrison (M. D. or other) \_\_\_\_\_  
 Address Metropolitan Bldg. Date signed \_\_\_\_\_

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

MOTHER FATHER

3409

3409

**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 Thomas R. Jewell

Licensed Embalmer No. 3793

P. O. Address Stouis 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.**