FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

29156

FILED SEP 8 1947 318

State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 8317

1. PLACE OF DEATH:

(a) County St Louis Mo

(b) City or town ~~Barnes Hospital~~ St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hosp 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3861 Evans 9
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sallie Hursley

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Exsec Hulsey

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased ~~[illegible]~~ (Month) ~~25~~ (Day) 1893 (Year)

8. Age abt 54 Years ~~1893~~ Months ~~Mon~~ Days ~~25~~ If less than one day hr. min.

9. Birthplace Mississippi (City, town, or county) (State or foreign country) 1

10. Usual occupation house wife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unk
15. Birthplace Unk. (City, town, or county) (State or foreign country) 1

16. (a) Informant E. Hulsey,
(b) Address 3861 Evans ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Jackson Funeral Home
(b) Address 2649-51 Delmar Blvd

19. (a) 9-2-1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1947 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug 22 1, 1947, to Aug 29, 1947 that I last saw her alive on Aug 29, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus

Due to 83 W

Due to

Other conditions Cerebral vascular accident
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature F R Bradley (M. D. or other)

Address Barnes Hospital Date signed 8/30/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Beatrice Lopez, Registered Apprentice No. 469 working under my personal supervision.

Signed Lawrence E. Woodson

Licensed Embalmer No. 4341

P. O. Address St Louis 18

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.