

FILED NOV 7 1947 318

STANDARD CERTIFICATE OF DEATH 1003

State File No. 35878

Registrar's No. 9914

Registration District No. _____

Primary Registration District No. _____

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ferguson
(If outside city or town limits, write "RURAL")
(d) Street No. 205 Tiffin Ave.
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME Harry E. Hulett

3. (b) If veteran, name war --- (c) Social Security No. 497-05-9783

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
7. (b) Name of husband or wife Estelle E. Hulett 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased 1886 - June - 22
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 4 4 hr. min.

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

10. Usual occupation Retired Telegrapher

11. Industry or business Railway

MOTHER FATHER { 12. Name Thomas Hulett
13. Birthplace Missouri
14. Maiden name Sarah Butts (State or foreign country)
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Estelle E. Hulett

(b) Address Ferguson, Missouri.

17. (a) Burial (b) Date thereof Oct. 29, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Mo.

19. (a) OCT 28 1947 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26. year 1947 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from 10-25 1947 to 10-26 1947
that I last saw him alive on 10-25 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Due to 9 H
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy refused

Duration

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 0

23. Signature R. R. Rullinger (M. D. or other) _____
Address 114 W. The Center Date signed 10-28

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

Sheld

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 *L. M. White*
Licensed Embalmer No. *3973*
P. O. Address *Garrison, Va*

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.