

No. 300
10.48

FILED OCT 6 1949

STANDARD CERTIFICATE OF DEATH

State File No. 32543

BIRTH NO. _____ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4209

1. PLACE OF DEATH a. COUNTY ST. LOUIS MO		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY ST. LOUIS MO	
b. CITY OR TOWN ELLISVILLE		c. CITY OR TOWN 649 CLARK AVE	
c. LENGTH OF STAY (in this place) 45 DAYS		d. STREET ADDRESS (If rural, give location) WEBSTER GROVES MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION SUNSET SANITARIUM.			

3. NAME OF DECEASED (Type or Print) WELLINGTON WALLACE HULL			4. DATE OF DEATH (Month) (Day) (Year) SEPT 26 1949		
a. (First)		b. (Middle)		c. (Last)	

5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED.		8. DATE OF BIRTH OCT 19, 1854		9. AGE (In years last birthday) 94		IF UNDER 1 YEAR Months 11 Days 8		IF UNDER 24 HRS. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOCTOR				10b. KIND OF BUSINESS OR INDUSTRY M.D.				11. BIRTHPLACE (State or foreign country) KENTUCKY				12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME JAMES HULL		13b. MOTHER'S MAIDEN NAME MARY SIMSON		14. NAME OF HUSBAND OR WIFE LILLIE HULL	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS M. CABLE		ADDRESS 649 CLARK WEBSTER GROVES MO	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY embolism		DUPLICATE						5 min.	
ANTECEDENT CAUSES		DUE TO (b) Varicella Thrombosis						1 yr.	
		DUE TO (c) Phlebitis							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								463X	

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 463X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>	
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22. I hereby certify that I attended the deceased from **9-16**, 1949, to **9-26**, 1949, that I last saw the deceased alive on **9-26**, 1949, and that death occurred at **1:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Halla Rhinberger D.O.		23b. ADDRESS 654 N Kirkwood Old. Kirkwood 12 Mo.		23c. DATE SIGNED 9-27-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT 28 -49		24c. NAME OF CEMETERY OR CREMATORY BURGESS CEM.		24d. LOCATION (City, town, or county) (State) ANTONIA MO	
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DATE REC'D BY LOCAL REG. 9-28-49		REGISTRAR'S SIGNATURE Harriet R. Blum		25. FUNERAL DIRECTOR'S SIGNATURE HEILIGTAG FUNERAL HOME		ADDRESS KIMMSWICK MO	
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(Licensed Embalmer's Statement on Reverse Side)

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

MW-70

VS NOV 13 1959

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Arthur W. Healey
3872

Licensed Embalmer No.

P. O. Address Hammond 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.