

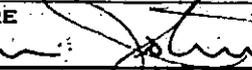
FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38861**
10112
Registrar's No. _____

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ool		
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		N
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp.			d. STREET ADDRESS (If rural, give location) 17- 3427 Shenandoah Ave. 10		
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) C.	c. (Last) HULL	4. DATE OF DEATH (Month) (Day) (Year) Nov 24, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 8, 1864	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME Don't Know		13b. MOTHER'S MAIDEN NAME Don't Know		14. NAME OF HUSBAND OR WIFE Dollie Hull	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lottie Hull Zuber ADDRESS 3427 Shenandoah		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Sensibility - weakness *Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 days? Yrs.
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP); (COUNTY) _____ (STATE) 107		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall			
22. I hereby certify that I attended the deceased from 14 Nov , 19 49 , to 24 Nov , 19 49 , that I last saw the deceased alive on 23 Nov , 19 49 , and that death occurred at 6:20 A. m. , from the causes and on the date stated above.					
23a. SIGNATURE  (Degree or title) _____			23b. ADDRESS M.D. 1755 S. Grand Bl.		23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 11-26-1949	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county); (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. NOV 25 1949		REGISTRAR'S SIGNATURE 		25. FUNERAL DIRECTOR'S SIGNATURE Weick Bro. Und. Co. ADDRESS 2201 S. Grand	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James R. Dunn

Licensed Embalmer No. 4527

P. O. Address 2201 S. Grand Bl.

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.