

STANDARD CERTIFICATE OF DEATH

6237

FILED FEB 16 1951

State File No. 1136

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.				c. LENGTH OF STAY (in this place) 3 days				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rosiclare			
d. FULL NAME OF HOSPITAL OR INSTITUTION Shriners' Hospital for Crippled Children				d. STREET ADDRESS none							
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)				
Chester			Arlen		Hulleman		4. DATE OF DEATH (Month) (Day) (Year) 2 - 3 - 51				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH 2-7-48		9. AGE (In years last birthday) 3 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Rosiclare, Illinois /			12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Harry Hulleman, dec.			13b. MOTHER'S MAIDEN NAME Verna Mae Davis			14. NAME OF HUSBAND OR WIFE --					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Shriners' Hospital, St. Louis, Mo.					ADDRESS		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus, internal  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital malformation of the spine (spina bifida). DUE TO (c) Transverse myelitis  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH once week since birth since birth		
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none							
22. I hereby certify that I attended the deceased from Jan. 31, 1951, to Feb. 3, 1951, that I last saw the deceased alive on Feb. 12, 1951, and that death occurred at 6:45a m., from the causes and on the date stated above.											
23a. SIGNATURE D. M. McCreary, M.D.				23b. ADDRESS Shriners' Hospital			23c. DATE SIGNED 2-3-51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-3-51		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Rosiclare, Illinois					
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 5 1951		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe			ADDRESS 4700 Washington						

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed E. Thomas Penelous

Licensed Embalmer No. 4253

P. O. Address St. Louis, 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.