No. 300
10.48

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

FILED APR 11 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12620

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1207

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 4 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hosp

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood 4544
d. STREET ADDRESS (If rural, give location): 7276 Sarah

**3. NAME OF DECEASED** (Type or Print)
a. (First): MINNIE
b. (Middle):
c. (Last): HULT

**4. DATE OF DEATH** (Month) (Day) (Year): April 4 1953

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Jan 13 1872
**9. AGE** (In years last birthday): 81 — IF UNDER 1 YEAR: Months 2, Days 21 — IF UNDER 24 HRS.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: At Home
**11. BIRTHPLACE** (City and State or Foreign Country): Berry Ill.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Aron Decker
**13b. MOTHER'S MAIDEN NAME**: Lydia Phennagar
**14. NAME OF HUSBAND OR WIFE**: (late) Charles Hult

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Anna Cameron — ADDRESS: Above

**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) Bronchopneumonia lobar — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Pulmonary Embolism — 4 days

DUE TO (c) Arteriosclerotic cardiovascular dis. — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* Colitis (sigmoid + rectum) — ? 15 yrs.

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☒ NO ☐

**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)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

4221

22. *I hereby certify that I attended the deceased from* 3-18, 1953, *to* 4-4, 1953, *that I last saw the deceased alive on* 4-4, 1953, *and that death occurred at* 11:58 p.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Charles E. Nichols M.D.
**23b. ADDRESS**: 6001 S. Brentwood, Clayton, Mo.
**23c. DATE SIGNED**: 4-5-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: April 7, 53
**24c. NAME OF CEMETERY OR CREMATORY**: Barkley Cemetery
**24d. LOCATION** (City, town, or county) (State): New London, Mo.

**DATE REC'D BY LOCAL REG.**: 4-7-53
**REGISTRAR'S SIGNATURE**: Herbert R. Dorsch M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** — ADDRESS: Jay B. Smith Funeral Home 7456 Manchester, Maplewood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 H E Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.