

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33444

State File No.

FILED SEP 24 1953

7923

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		6. STREET ADDRESS (If rural, give location) 1356 Blackstone Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) LAWRENCE b. (Middle) Oscar c. (Last) HULSEY		4. DATE OF DEATH (Month) (Day) (Year) AUGUST 11, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31, 1903
9. AGE (In years last birthday) 50		10. IF UNDER 1 YEAR Days 10	11. IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine-Operator		10b. KIND OF BUSINESS OR INDUSTRY American Lithofold Co.	11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John E. Hulsey	
13b. MOTHER'S MAIDEN NAME Nanie Shelton		14. NAME OF HUSBAND OR WIFE Ruth Hulsey	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1920 - 1921		16. SOCIAL SECURITY NO. 513-10-5360	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Hulsey 1356 Blackstone Ave.
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) Coronary occlusion ANTECEDENT CAUSES DUE TO (b) Coarctation of Aorta DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 420.1	
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?			
22. I hereby certify that I attended the deceased from <u>7-30-53</u> , 19 <u> </u> , to <u>8-11-53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>8-11-53</u> , 19 <u> </u> , and that death occurred at <u>9:00P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Richard J. James MD		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 8-12-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Aug. 14, 1953		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery, St. Louis County, Mo.	
24d. LOCATION (City, town, or county) (State)		24e. DATE REC'D BY LOCAL REGISTERAR'S SIGNATURE AUG 13 1953	
24f. REGISTERAR'S SIGNATURE Carl Smith MD		24g. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. J. Stuart 1225 Union	

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

(Licensed Embalmer's Statement on Reverse Side)

Missouri, MO.

St. Louis, MO.

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.....
Signature of Student Embalmer

Signed *Melvin L. Kemper*.....

Licensed Embalmer No. *4052*.....

P. O. Address *3505 Oak*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

St. Louis 20,