

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23906

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6298

|   |                           |  |   |
|---|---------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u><br>b. COUNTY <u>2129</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>   |                           | c. CITY OR TOWN <u>St. Louis</u><br>d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 5370 Pershing</u>   |                           | e. STREET ADDRESS (If rural, give location) <u>5370 Pershing</u>   |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Elizabeth</u> b. (Middle) <u>Chambers</u> c. (Last) <u>Hull</u>  |                           | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1955</u>   |   |
| 5. SEX <u>F</u>   | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>   | 8. DATE OF BIRTH <u>March 23, 1875</u>                                    |
| 9. AGE (In years last birthday) <u>80</u>   |                           | 10. UNDER 1 YEAR Months _____ Days _____   | 11. UNDER 1 HR. Hours _____ Min. _____                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Spinster</u>   |                           | 10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Rolla, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |                           | 13a. FATHER'S NAME <u>Edward B. Hull</u>   |   |
| 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Chambers</u>   |                           | 14. NAME OF HUSBAND OR WIFE <u>None</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>  |                           | 16. SOCIAL SECURITY NO. <u>none</u>  |   |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elizabeth C. Bell</u>   |                           | ADDRESS <u>5370 Pershing</u>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                 |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Polyneuritis</u><br>ANTECEDENT CAUSES <u>Pneumonia</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| INTERVAL BETWEEN ONSET AND DEATH<br><u>3 yrs</u><br><u>7 days</u>   |                           | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION <u>364X</u>   |   |
| 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) (Min.)   |   |
| 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>July 1, 1952</u> , to <u>July 21, 1955</u> , that I last saw the deceased alive on <u>July 18, 1955</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above. |                           |  |   |
| 23a. SIGNATURE (Degree or title) <u>H. W. Keller M.D.</u>   |                           | 23b. ADDRESS <u>8720 Washington</u>  |   |
| 23c. DATE SIGNED <u>7-21-55</u>   |                           | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |   |
| 24b. DATE <u>July 23, 1955</u>  |                           | 24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>   |   |
| 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>   |                           | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander &amp; Sons</u>   |   |
| DATE REC'D BY LOCAL REG. <u>Jul 21 1955</u>   |                           | ADDRESS <u>6175 Delmar Blvd.</u>   |   |

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

(Licensed Embalmer's Statement on Reverse Side)

Dr. Noller  
2438 Woodlyn Rd  
Ha 9 0256

1955 SEP 6

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 *J. S. E. McCulloch*.....

Licensed Embalmer No. 244

P. O. Address 6175 D...

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.