MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2909

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 495

Township ..... Primary Registration District No. 1003 Registered No. 495

City St. Louis (No. 4362a St. Louis av St. ..... Ward)

2. FULL NAME William George Halls

(a) Residence. No. 4362a St Louis av St. 11 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Elizabeth Halls

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	5	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bricklayer 5193 9 92
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) London
(STATE OR COUNTRY) Canada

PARENTS

10. NAME OF FATHER Samuel Halls

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England.

14. INFORMANT Elizabeth Halls
(Address) 4362a St. Louis av

15. FILED JAN 14 1927 19 Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 13 1927

17. I HEREBY CERTIFY, That I attended deceased from April 19 1923, to Jan 13 1927, that I last saw him alive on Jan 13 1927, and that death occurred, on the date stated above, at 5 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cancer of Bladder

(duration) yrs. 4 mos. ds.

49

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs

(Signed) Joseph M Trigg, M. D

Jan 14th, 1927 (Address) 433 Metropolitan Bldg St Louis Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Laurel Hill	Jan 16 1927
20. UNDERTAKER	**ADDRESS**
Drehmann Hurral	1905 Union

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Met Bldg 1 - 3.