

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

Do not use this space.

7028

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis

Registration District No. 701  
Primary Registration District No. 2008  
No. 2408 Goode ave

File No. 1928  
Registered No. 1928  
St. 11 (Ward)

**2. FULL NAME**

Myrtle Hall  
(a) Residence. No. 2408 Goode 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 Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 29 1914

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. min.
<u>13</u>	<u>4</u>	<u>16</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. School Girl  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Greenbough Ala.  
(STATE OR COUNTRY)

10. NAME OF FATHER Newton Hall

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

12. MAIDEN NAME OF MOTHER Lippie Hall

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

14. INFORMANT Virginia Bolden  
(Address) 2408 Goode ave

15. FILED 28 1928 man to Star REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1928

17. I HEREBY CERTIFY That I attended deceased from Feb 15 1928 to Feb 15 1928 that I last saw him alive on Feb 15 1928, and that death occurred, on the date stated above, at 6:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia

108 (duration) yrs. mos. ds. 8

CONTRIBUTORY (SECONDARY) 10/10 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH...

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Pneumonia Sputum

(Signed) B. Brown, M. D.

2/16 1928 (Address) 26010 Fortson Dr

\*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 Washington Park DATE OF BURIAL 2/26 1928

20. UNDERTAKER Manuel Lind's Co. ADDRESS 4059 Finney

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.

WHILE ON-BOARDING INK—THIS IS A PERMANENT RECORD

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61500

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