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

Do not use this space.

31883

File No. 9142

Registered No.

Registration District No. 791

Primary Registration District No. 1003

**1. PLACE OF DEATH**

County

Township

City St Louis (No. St Louis Mullanphy Hospital St. Ward)

**2. FULL NAME** Mary Hale

(a) Residence. No. 5375 Geraldine St., 6 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: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Albert J Hale

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8-18-1872

7. AGE: Years 56 | Months | Days 23 | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: James Boland

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

12. MAIDEN NAME OF MOTHER: Margaret Unknown

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

14. INFORMANT: Albert J Hale
(Address) 5375 Geraldine Ave

15. FILED: [illegible] 19 [illegible] Mary C Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 11 1928

17. I HEREBY CERTIFY, That I attended deceased from June 27, 1928, to Sept 11, 1928, that I last saw him alive on Sept 11, 1928, and that death occurred, on the date stated above, at 10.40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiac vascular renal disease
I 12.1
I 82 A
Grad H 12 (duration) 10 yrs. - mos. - ds.

CONTRIBUTORY (SECONDARY): Cerebral hemorrhage chron
interstitial nephritis (duration) 1 yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Lobar or Bronchopneumonia 1½ days
IF NOT AT PLACE OF DEATH? No 103

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Newman Kade, M. D.

Sept 12, 1928 (Address) 1117 N Grand Blvd

*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: Calvary Cemetery — DATE OF BURIAL: 9/14 1928

20. UNDERTAKER: Arthur J Donnelly — ADDRESS: 2039 Wash St

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.