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

Do not use this space.

13336

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 7003

City St. Louis (No. Mo. Baptist Hosp. St. ..... Ward)

File No. 8905

Registered No. .....

2. FULL NAME Ruth Hall

(a) Residence. No. 4518 Evans 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)
female	white	married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John S. Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	0	1	

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

9. BIRTHPLACE (CITY OR TOWN) Sedalia
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER William R. Huntley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Minnie J. Wainger
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Saranac
(STATE OR COUNTRY) Mich.

14. INFORMANT John S. Hall
(Address) 4518 Evans

15. FILED — 7 — 1929 Mary C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 29 1929.

17. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1927, to Mar 29, 1929, that I last saw her alive on Mar 29, 1929, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

5a Pulmonary Edema
11 18 Chronic Myocarditis
10 2 ..... (duration) 1 yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Essential Hypertension
..... (duration) 1 yrs. 6 mos. — ds.

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
(Signed) Joseph Magidson, M. D.
3/30, 1929 (Address) 836 University Club Bldg.

*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 Valhalla — DATE OF BURIAL 4/1 1929

20. UNDERTAKER H. B. Berger — ADDRESS 4215 McPherson

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.

THIS IS A PERMANENT RECORD