

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

Do not use this space.

16751

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **003**

City **St. Louis** (No. **City 100000**)

File No. **4870**

Registered No. **4870**

St. Ward)

2. FULL NAME

(a) Residence. No. **1204 1/2 St. 18** St. **12** Ward. **12**

(If nonresident give city or town and State)

Length of residence in city or town where death occurred **37** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 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) **Aug 16 - 1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 | **8** | **1** | **1**

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

9. BIRTHPLACE (CITY OR TOWN) **Moore**
(STATE OR COUNTRY)

10. NAME OF FATHER **William H. Hall, Sr.**

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

12. MAIDEN NAME OF MOTHER **Phie Ackerman**

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

14. INFORMANT **E. J. Schmur**
(Address) **City 100000**

15. **APR 29 1929**
FILED **1929** **Wm. C. Stork**
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 27 1929**

17. I HEREBY CERTIFY That I attended deceased from **April 27 1929** to **April 27 1929** that I last saw **him** alive on **April 27 1929** and that death occurred, on the date stated above, at **8:40 a.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Syphilis of the Brain and infarctures
34

CONTRIBUTORY (SECONDARY) **38**
(duration) yrs. 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? **yes**

WHAT TEST CONFIRMED DIAGNOSIS? **clinical Autopsy**
(Signed) **Edward M. Schum, M.D.**

4/27 1929 (Address) **City 100000**

*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 **St. Albans Cemetery** DATE OF BURIAL **April 30 1929**

20. UNDERTAKER **E. J. Schmur** ADDRESS **3125 Lafayette Av.**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

