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

Do not use this space.

26268

**1. PLACE OF DEATH**

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

Township St Louis Mo Primary Registration District No. 1003 Registered No. 7482

City ..... (No. City Infirmary St. ..... Ward)

**2. FULL NAME** Edward Hall

(a) Residence. No. 5800 Arsenal St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 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 | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5/22/1848

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 81 | | 1 | 19 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(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) Vermont

PARENTS
10. NAME OF FATHER [illegible]
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) [illegible]
12. MAIDEN NAME OF MOTHER [illegible]
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) [illegible]

14. INFORMANT M. & M. Effinger
(Address) 5800 Arsenal St

15. FILED ....., 19 Max C Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/11 1929

17. I HEREBY CERTIFY, That I attended deceased from 11/30, 1928, to 7/11, 1929, that I last saw him alive on 7/11, 1929, and that death occurred, on the date stated above, at 6:25 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr Myocarditis 93C
162

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senility

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? NB
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) [illegible], M. D.
, 19 (Address) 5600 Arsenal

*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 |
|---|---|
| St. Louis U. | 7-13 1929 |
| **20. UNDERTAKER** | **ADDRESS** |
| Walter Richter | 3500 Rutger St |

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.

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