

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

Do not use this space.

2572

1. PLACE OF DEATH

County Registration District No. *14182*
 Township *St. Louis* Primary Registration District No. *2*
 City *St. Louis* (No. *Alexander Drug Hospital*) Registered No. *265*
 (Ward)

2. FULL NAME

(a) Residence, No. *4611-3/4 S. Grand Ave.* St. *2* Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Anna Hail</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 3 - 1874</i>		
7. AGE	YEARS <i>57</i>	MONTHS <i>4</i>
	DAYS <i>5</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Receiving clerk</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Champion Sewing Machine</i>	
	10. Date deceased last worked at this occupation (month and year) <i>1860</i>	
	11. Total time (years) spent in this occupation <i>1860-1918</i>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo</i>		
FATHER	13. NAME <i>Frank Hail</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany 10</i>	
MOTHER	15. MAIDEN NAME <i>Anna Shashch</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>	
17. INFORMANT (ADDRESS) <i>Anna Hail 4611-3/4 S. Grand Ave</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>New Packer</i> DATE <i>Jan 11 1932</i>		
19. UNDERTAKER (ADDRESS) <i>Wackerly Bellinger 2331 S. Grand Ave</i>		
20. FILED <i>JAN - 9 1932</i> Registrar. <i>J. W. Kerne</i>		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 8 1932*

22. I HEREBY CERTIFY, That I attended deceased from *No Physician Attended* 19... 19...

I last saw h. alive on *1/4/32*, 19... Death is said to have occurred on the date stated above, at *4 p.m.*

The principal cause of death and related causes of importance were as follows:
Septicemia following infection of Rt Hand Received when falling to floor by using hub
Frigh Hand
 Other contributory causes of importance:
Accident

Name of operation Date of
 (What test confirmed diagnosis? Was there an autopsy?)

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *St. Louis Mo* Date of injury *11-2-1932*
 Where did injury occur? *St. Louis Mo* (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury *Industry*
 Nature of injury *falling to floor by using to Septicemia Hand*

24. Was disease or injury in any way related to occupation of deceased? If so, specify *Hand*

(Signed) *J. W. Kerne* (Address) *Def Coroner*

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.

