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.

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

Do not use this space.

35211

1. PLACE OF DEATH

County ..... Registration District No. 1003 (781)

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

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

File No. .....

Registered No. 9428

2. FULL NAME 11926 Chas Hall

(a) Residence, No. No Home 23 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 M

4. COLOR OR RACE W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS Abt 55 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brickmason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mascoutah Illinois

FATHER

13. NAME Albert Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Catherine Emrich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mascoutah Illinois

17. INFORMANT (ADDRESS) Hospital N Kent City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mo. Crematory DATE Nov 11, 1933

19. UNDERTAKER (ADDRESS) Parker Und Co Webster Groves Mo

20. FILED NOV 1 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1933, to 10-28, 1933

I last saw him alive on 10-28, 1933. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 10-17-33+

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur A Hines, M. D.

(Address) City Hosp