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.

JUL 16 1934

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

Do not use this space.

26350

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No. 4
Township — Primary Registration District No. 6023A — Registered No. 217
City Clayton (No. County Hospital St. Ward)

2. FULL NAME HALE, Otto
(a) Residence, No. 3411 Hoover Drive St. Ward. (If nonresident, give city or town and State)
(Usual place of abode) Riverview Gardens
Length of residence in city or town where death occurred 14 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-17-1875

7. AGE: 58 yrs — YEARS — MONTHS: 7 — DAYS: 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
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) April 1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockport Indiana

FATHER
13. NAME George Hale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgetown Maryland

MOTHER
15. MAIDEN NAME Mary Markoe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oxford Ohio

17. INFORMANT (ADDRESS) Hosp. records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Freedens DATE July 5, 1934

19. UNDERTAKER (ADDRESS) Suedmeyer & Sons 3934 N. 20 St.

20. FILED July 4, 1934 Robt. J. Ambrustes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-27, 1934, to 7-3, 1934
I last saw him alive on 7-2, 1934 Death is said to have occurred on the date stated above, at 5:44 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Haemorrhage	
Right Haemoplegia	

Other contributory causes of importance:
Lobar Pneumonia

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? ..... 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) [signature], M. D.
(Address) St Louis Co Hospital