

MISSOURI STATE BOARD OF HEALTH

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NOV 13 1934

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

File No. 37346
Registered No. 9758
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. Lutheran Hospital)

2. FULL NAME

(a) Residence, No. 5182 Raymond Ave. 5 Ward. (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 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 Gabell Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>66</u>	<u>10</u>	<u>19</u>	

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

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

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) Pittsburg Penn

FATHER

13. NAME Geo. H. Hall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Penn

MOTHER

15. MAIDEN NAME Lucretia Pope

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) Allen Hall Jr. 5182 Raymond Ave. St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) Bellevue DATE 10-25-34

19. UNDERTAKER (ADDRESS) Wagoner Undert Co 636 1/2 Olive St.

20. FILED UCT - 51334 Prebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1934 to Oct 2nd 1934. I last saw him alive on Oct 2nd 1934. Death is said to have occurred on the date stated above, at 5:20 p.m.

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

Primary embolism Date of onset 10/3/34

134A
134B
134C

Other contributory causes of importance:
Renal embolism, pneumonia, hypertrophic cardiac disease, embolism, 6 years

Name of operation Exstomy Date of 10/26/34

What test confirmed diagnosis? Lab 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? No
If so, specify _____
(Signed) Herbert B. Kund, M. D.
(Address) 600 Carleton Bldg

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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