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.

96
9
7

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

MAR 1 1935

Do not use this space.

2805

1. PLACE OF DEATH

County ST LOUIS — Registration District No. 790 — File No.

Township CENTRAL — Primary Registration District No. 6033a — Registered No. 20

City CLAYTON (No. ST LOUIS CO HOSPT St. Ward)

2. FULL NAME Hall - Noah

(a) Residence, No. 2222 Yoeble St. Ward Overland, Mo.
(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 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 Maryettie Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/16/1865

7. AGE YEARS 69 — MONTHS 1 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) JUNE 1934

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anderson, Ind.

FATHER

13. NAME John Hall

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Maryettie Hall 2222 Yoeble Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 1-12- 1935

19. UNDERTAKER (ADDRESS) BAUMANN BROS MORTUARY 2504 Woodson Rd OVERLAND Mo.

20. FILED 1-10 1935 Robert J Ambruster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1935, to 1-9, 1935

I last saw him alive on 1-9, 1935 Death is said to have occurred on the date stated above, at 10:15 A.m.

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

Bronchopneumonia — Date of onset

107A

Other contributory causes of importance:

Chr Asthma

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

What test confirmed diagnosis? ..... 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) [signature], M.D.

(Address) St L Co - Hospital

APR 17 1952