

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

Do not use this space.

MAR 15 1935

791

7212

**1. PLACE OF DEATH**

County..... Registration District No. 2003  
 Township St. Louis Primary Registration District No. 2610 North 9th  
 City St. Louis (No. 2610 North 9th) St. 26 Ward.....  
 Registered No. 1628 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2610 North 9th St., 26 Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1858

7. AGE YEARS 76 MONTHS 7 DAYS 4 If LESS than 1 day, ..... hrs. or ..... min.

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

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) Mo

13. NAME Hiram Hall

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

15. MAIDEN NAME Not known

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

17. INFORMANT Mrs. Benjamin Cruse (ADDRESS) 2610 North 9th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Feb. 19 1935

19. UNDERTAKER Math. Hermann and Son (ADDRESS) 2161 Cass & Fair Ln.

20. FILED 18 1935 J. H. Brodeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 1935

22. I HEREBY CERTIFY, That I attended deceased from February 13 1935 to February 16 1935

I last saw him alive on Feb. 16 1935 Death is said to have occurred on the date stated above, at 11:40 A. M.

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

Cardio-vascular renal disease Date of onset ???  
Bronchial Asthma ???

Other contributory causes of importance

Name of operation..... Date of.....  
 What test confirmed diagnosis? Chemical 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) Benard H. Flotte M. D.  
 (Address) 2302 Salisbury St

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.

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