

MAY 13 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis** (No. **En Route City Report**) St. .... Ward

File No. **15001**  
Registered No. **3887**  
St. .... Ward

## 2. FULL NAME

**Peter Melville Hall**  
(a) Residence, No. **Gibson Hall** St. **5** Ward. (If nonresident, give city or town and State)  
(Usual place of abode) **5883 Broughton**

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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
9A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Elizabeth B. Hall</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Dec. 9-1852</b>		
7. AGE YEARS <b>82</b>	MONTHS <b>34</b>	DAYS <b>17</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Att'y.</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>I</b>		
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) <b>St. Louis</b>		
13. NAME <b>Genardus Hall</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Maine</b>		
15. MAIDEN NAME <b>Amanda Wood</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>New York</b>		
17. INFORMANT <b>Melville B. Hall</b> (ADDRESS) <b>1423 Bona Street</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Bellefontaine</b> DATE <b>April 29th 1935</b>		
19. UNDERTAKER <b>Wagner and Co</b> (ADDRESS) <b>3621 Olive Street</b>		
20. FILED <b>APR 29 1935</b> <b>J. B. Bredeck</b> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr. 26**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said

to have occurred on the date stated above, at **4:20** A.M.

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

**Chronic Myocarditis**

Date of onset

Other contributory causes of importance:

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?

If so, specify.....

(Sign) **Harold A. P. [Signature]**, M. D.(Address) **St. Louis**

/6/35

[The main body of the document is extremely faint and illegible. It appears to contain several paragraphs of text, possibly including a list or table, but the content cannot be discerned.]