

JUN 5 1936

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

Do not use this space.

20818

ISOLATION HOSPITAL

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *Saint Louis* (No. *791*)

Primary Registration District No. *1003*

File No.....

Registered No. *5008*

5008

Ward)

2. FULL NAME *Charles Hall*

(a) Residence, No. *4303rd N. 20th* St., *9* Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *42* 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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 19, 1867*

7. AGE YEARS *69* MONTHS *0* DAYS *17* If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Blacksmith's Helper*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Key Packing Co.*

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) *Buffalo, New York*

MOTHER 13. NAME *Not known*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

MOTHER 15. MAIDEN NAME *Not known*

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

17. INFORMANT *W.E. Kelly, 5700 Arsenal*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bethany* DATE *May 8, 1936*

19. UNDERTAKER *W. J. Meyer & Sons* (ADDRESS) *5734 N. 20th St.*

20. FILED *MAY 8 - 1936* Registrar. *J. H. Breddick*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 6, 1936*

22. I HEREBY CERTIFY, That I attended deceased from *May 3, 1936* to *May 6, 1936*.

I last saw him alive on *May 6, 1936*. Death is said to have occurred on the date stated above, at *8:15 P.* m.

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

Erysipelas, facial.

Date of onset *4-28-36*

Other contributory causes of importance:

*Chronic myeloid leukemia
E. chronic pharyngitis*

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

What test confirmed diagnosis? *clinical* Was there an autopsy? *yes*

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) *Henry J. Hirsch*, M. D.

(Address) *5700 Arsenal*

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.

