

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 12 1937

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, Mo. (No. 4326 Rosalie Ave.) St. Ward

File No. 18332
Registered No. 4908

2. FULL NAME John Hall,

(a) Residence, No. 4326 Rosalie Ave. St. 9 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1st, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>2</u>	<u>76</u>	<u>10</u>	<u>11</u>	

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

13. NAME Not known

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

15. MAIDEN NAME Not known

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

17. INFORMANT Miss Martha Hall
(ADDRESS) 4326 Rosalie Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cem. DATE May 15th 37

19. UNDERTAKER Hy Reidner Undert Co
(ADDRESS) 1417 N. Market St

20. FILED MAY 14 1937 J. F. Bredek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1937

22. I HEREBY CERTIFY. That I attended deceased from May 8, 1937, to May 12, 1937

I last saw him alive on May 12, 1937. Death is said to have occurred on the date stated above, at 10⁴⁵ P.m.

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

Chr. Parenchymatous Nephritis ?

Other contributory causes of importance:

Senility ?

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Arthur H. de Masu, M. D.
(Address) 4246 N. Grand St.

4000 92 700 1