

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

Do not use this space.

JUL 8 - 1937

**791
1003**

File No. **21787**
Registered No. **5539**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City **of St. Louis** (No. **Desloge Hosp.**)

2. FULL NAME *Harry Hall*

(a) Residence, No. **1935 Cherokee St.** **24** Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 1, 1937**

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

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 25, 1936, to May 17, 1937**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 9, 1924**

I last saw him alive on **May 17, 1937** Death is said to have occurred on the date stated above, at **12:35 pm.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
12 11 22

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

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

Sarcoma of lower jaw with metastases to lung. Date of onset

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

Other contributory causes of importance: **X**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

FATHER 13. NAME **Harry A. Hall**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ellis Grove Missouri**

MOTHER 15. MAIDEN NAME **Frances Heintz**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

17. INFORMANT **Harry A. Hall** (ADDRESS) **1935 Cherokee Street**

18. BURIAL CREMATION OR REMOVAL to **Ellis Grove Illinois** PLACE DATE **June 4, 1937**

19. UNDERTAKER **A. H. McLaughlin** (ADDRESS) **2301 Lafayette Avenue**

20. FILED **JUN 4 1937** **J. Bredeck** Registrar.

Name of operation **Radium implantation** Date of **9/25/36** What test confirmed diagnosis? **X** Was there an autopsy? **X**

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) **B. R. Surger**, M. D. (Address) **1325 Ashland.**

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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