NOV 15 1937

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

35840
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 9417

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis
(d) Street No. 5636 Cabanne Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Noemie Tesson Hall

(a) Residence, No. 5636 Cabanne Ave. St. 5
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1850

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
87	4	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) St. Louis Mo.

FATHER
13. NAME Edw. T. Tesson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER
15. MAIDEN NAME Lucia Marrotte
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Mr. Edw. P. Hall
(ADDRESS) 5636 Cabanne Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Oct. 11, 1937

19. FUNERAL DIRECTOR Arthur J. Donnelly Undt. Co.
(ADDRESS) 3840 Lindell Blvd.

20. FILED OCT 9 1937 J. Biedeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 8, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 1935, 1935, to Oct 8th, 1937
I last saw her alive on Oct 7th, 1937. Death is said to have occurred on the date stated above, at 9:30 AM.
The principal cause of death and related causes of importance were as follows:

Pernicious Anaemia
duration Eighteen yrs
To my knowledge

Date of onset

Other contributory causes of importance:
Senility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) Theo W. Conzelman, M. D.
(Address) 5043 Vernon

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Stanley Marchlewski, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)