

FEB 12 1938

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

641  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township **St. Louis** Primary Registration District No. **1003** Registered No. **497**  
 (c) City **St. Louis** (d) Street No. **3026 Madison St.** 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 **32** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Seamon Hall 400**

(a) Residence, No. **3026 Madison** St. **11** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **Colored** 5. ~~Single~~, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Ophelia Nelson Hall**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 29 - 1885**  
 7. AGE YEARS **53** MONTHS ..... DAYS **12** If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **laborer**  
 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) **La.**

13. NAME **unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **La.**

15. MAIDEN NAME **Sarah Wornley**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss**

17. INFORMANT **Ophelia Nelson Hall** (ADDRESS) **3026 Madison ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Dickson** DATE **12-15** 19**38**

19. FUNERAL DIRECTOR **Wright's Funeral Home** (ADDRESS) **3100 East 9th ave.**

20. FILED **JAN 15 1938** **J. G. Brudeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 10** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **1-2** 19**38**, to **1-10** 19**38**

I last saw him/her live on **1-10** 19**38**. Death is said to have occurred on the date stated above, at **6:30 a.m.**

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

**Terminal Pneumonia 1-8-38**  
**Lobar**  
 Date of onset **1-8-38**

Other contributory causes of importance:  
**Bronchiectasis**  
**Chronic Gastritis**  
**Gangrene of lungs**  
 Name of operation **none** 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) **J. H. Waffers** M. D.

(Address) **809 1/2 Jefferson Ave**

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, Chas. Gairies, Licensed Embalmer No. 2349

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 Chas. Gairies

Licensed Embalmer No. 2349

**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.)**