

REC'D APR 1 1938

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

9118
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St Louis Mo.** (d) Street No. **5035 Natural Bridge Rd.** Registered No. **2707**
(e) Length of residence in city or town where death occurred yrs. **8** mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **James Daniel Hall. 400**

(a) Residence, No. **5035 Nat. L. Bridge Rd.** St. **7**
(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 **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 **Jenni Hall 71**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 27 1871**

7. AGE YEARS **66** MONTHS **6** DAYS **24** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Carpenter**
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) **July 1937** 11. Total time (years) spent in this occupation **Life**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Irondale 6 Missouri. 7**

13. NAME **William Roland Hall. 7 Unknown 9**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown 9**

15. MAIDEN NAME **Catherine Cole**

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

17. INFORMANT (ADDRESS) **Donald Hall Richards. 5035 Natural Bridge**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cartersville Mo** DATE **March 24 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Albert H. Hoppe Inc. 429 N. Euclid Ave**

20. FILED **MAR 21 1938 J.P. Bredeh Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-21 1938**

22. I HEREBY CERTIFY, That I attended deceased from **3-10 1938 to 3-21 1938**

I last saw him alive on **3-21 1938** Death is said to have occurred on the date stated above, at **2:45 pm**

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

Acute cardiac dilatation 3-20-38
Chronic myocarditis 1937

Other contributory causes of importance: **old Hemiplegia (left) and arteriosclerosis 1938**

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?
If so, specify **P. C. Sinclair** M. D.
(Signed) **P. C. Sinclair** (Address) **6703 Nat Bridge.**

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, Robert H. Williams, Licensed Embalmer No. 3249

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Robert H. Williams

Licensed Embalmer No. 3249

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.)