

C 23 1938

1938

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

44561

Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis ³ Registration District No. 784
 (b) Township Carrondelet Primary Registration District No. 200
 (c) City Jefferson Barracks ² (d) Street No. Veterans Hospital Registered No. 3107 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 Unkn. yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elmer D. HALE

(a) Residence, No. 418 8th Street, Cairo, Illinois St. (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1895

7. AGE YEARS 43 MONTHS 0 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Time keeper
 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) Uniontown, (STATE OR COUNTRY) Kentucky /

FATHER 13. NAME Grenvillâ Hale
 14. BIRTHPLACE (CITY OR TOWN) - (STATE OR COUNTRY) Illinois /

MOTHER 15. MAIDEN NAME Nellie (Unknown)

16. BIRTHPLACE (CITY OR TOWN) -- (STATE OR COUNTRY) not known ?

17. INFORMANT Clinical Clerk, VAF Jefferson (ADDRESS) Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morganfield, Ky. DATE Dec. 23, 1938

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U. & L. Co. (ADDRESS) 7814 S. B'way, St. Louis, Missouri

20. FILED REG 23 1938 G. C. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1938 to December 22, 1938

I last saw him alive on December 22, 1938. Death is said to have occurred on the date stated above, at 8:40 P.

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

Pulmonary abscess, right lung, cause undetermined. Date of onset Unkn.

Other contributory causes of importance: Diabetes Mellitus, severe. Unkn.

Name of operation None Date of -
 What test confirmed diagnosis? Phys. clinical, manif. and lab 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? -
 If so, specify -

(Signed) C. H. RICHES, Chief Med. Officer, M. D.
 (Address) VAF Jefferson Barracks, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Geo. H. Hoffmeister

Licensed Embalmer No. 2426

P. O. Address 7814 S. Broadway

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.)

If this body is not embalmed, above space should be left blank.