

REC'D FEB 10 1938

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

791
1003

305
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. **305**
(c) City **Saint Louis** (d) Street No. **Homer G. Phillips Hospital** 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 **HOO Stanley Hall**

(a) Residence, No. **4330 Garfield Avenue** 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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 10th, 1878**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 6 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
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) **Cattleville**
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **George Hall**

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

MOTHER 15. MAIDEN NAME **Angeline**

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

17. INFORMANT **Georgia Riley**
(ADDRESS) **4431 Garfield Avenue**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Washington Park** DATE **1/10/39**

19. FUNERAL DIRECTOR (NAME) **Charles J. Gates**
(ADDRESS) **4107-09 Finney Avenue**

20. FILED **JAN 10 1939**
J. F. Brubaker
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 6th, 1939**

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **7:50** p.m.

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

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **yes**

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? **yes**If so, specify **Alcohol**(Signed) **Alfred J. Perry**(Address) **1500 Clark Avenue**

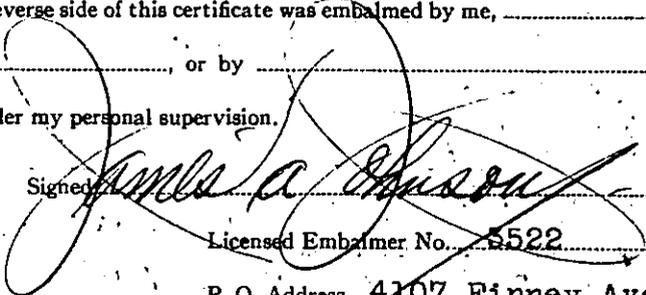
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

James A. Johnson, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed 

Licensed Embalmer No. 5522

P. O. Address 4107 Finney Avenue

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.