

REC'D FEB 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
1003

572

Do not use this space.

572

Registered No.

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. City Hospital No. 1 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 8 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. - mos. - ds.

D. 14988

2. PRINT FULL NAME

H. O. T.

Charles A Hall

(a) Residence, No. 159 St. George st. 23 (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23, 1878

7. AGE YEARS 60 MONTHS 10 DAYS 25 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
 9. Industry or business in which work was done, as saw mill, bank, etc. nil
 10. Date deceased last worked at this occupation (month and year) Jan. 1939. 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Mounds
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Joseph Hall

14. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Dates

16. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis, DATE Jan. 20, 1939

19. FUNERAL DIRECTOR (NAME) John J. Kessely
 (ADDRESS) Central St. Louis Mo.

20. FILED JAN 18 1939 J. P. Budek
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/18/39 19

22. I HEREBY CERTIFY That I attended deceased from 1/14/39 to 1/18/39, 19.....

I last saw him alive on 1/18/39, 19..... Death is said to have occurred on the date stated above, at 8.45 A.M.
 The principal cause of death and related causes of importance were as follows:

arteriosclerotic heart disease with failure Date of onset

Other contributory causes of importance: PSH

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

What test confirmed diagnosis?..... 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) C. O. Zink M. D.

(Address) City Hospital #1

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.....

Licensed Embalmer No.....

P. O. Address.....

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.