

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23969**
6242

Registration District No. **791** Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH: **1003**
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 3934 Palm Street
(d) Length of stay: Since Birth

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 3934 Palm Street
(e) If foreign born, how long in U. S. A. Since Birth years.

3. (a) PRINT FULL NAME IDA M. HALL
(b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 14
year 1939 hour 2 minute 30 AM

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased Aug. 16, 1876

21. I hereby certify that I attended the deceased from Dec 28, 1938 to July 14, 1939
that I last saw her alive on July 13, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 10 28 hr. _____ min. _____

Immediate cause of death Inanition - secondary to general carcinoma of

9. Birthplace St. Louis, Mo.

Due to Primary Carcinoma of
Due to Decum

10. Usual occupation At Home

Other conditions Decum
(Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name John Homfeld
13. Birthplace St. Louis, Mo.
14. Maiden name Mary Schieler
15. Birthplace St. Louis, Mo.

Major findings: Carcinoma of Decum
Of operations _____
Of autopsy None

16. (a) Informant's own signature Mrs Ruth Hall

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Cremation (b) Date thereof July 15, 1939

(c) Place: burial or cremation Valhalla Crematory
(d) Did injury occur in or about home, on farm, in industrial place, in public places? _____

18. (a) Signature of funeral director J. J. Hermann
(b) Address 2161 East Fair Avenue

23. Signature [Signature] (M. D. or other) _____
Address Recent Out City Date signed 7/14/39

19. (a) JUL 14 1939 (Date received local registrar)

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 William G. Buckholz

Licensed Embalmer No. 2110

P. O. Address. St Louis Mo

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.