

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41987
Registrar's No. 11110

Registration District No. 702 Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County 1
(b) City or town St. Louis, Mo
(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
In this community Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alice Hall (Lungo) 400
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 15 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Valley Park Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Thomas Mungo

13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Florence Charleston

(b) Address 2641 Lucas Ave.

17. (a) Burial (b) Date thereof 12-28-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director C. L. Garner

(b) Address 2829 Washington Ave.

19. (a) DEC 28 1939 (b) J. B. Baskin
(Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County _____
(c) City or town Valley Park N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 702 Marshall, Valley Park, Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
year 1939 hour 9:00 minute 50 P. M.

21. I hereby certify that I attended the deceased from December 10 1939, to December 21 1939;
that I last saw her alive on December 21 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis c Hypertension

Duration 8-10yrs

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____
28. Signature H. J. Lynn (M. D. or other) _____
Address 2601 N. Whittier Date signed 12/29/39

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Arthur R. Hilliard

Licensed Embalmer No. *3389*

P. O. Address *3028 Dickson*

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.