

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 339

1. PLACE OF DEATH: 1000

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3356a S. Grand Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Robert LEE Hall

3. (b) If veteran, name war nil

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12,
year 1940 hour 7:45 minute _____ A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charlotte Hall

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased About 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 9, 1940 to January 12, 1940
that I last saw h. im alive on January 12, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

About 57 Unknown Unknown hr. _____ min.

Immediate cause of death Myocardial Infarction
Disease

Due to _____

Due to _____

Other conditions (include pregnancy within 5 months of death) _____

Major findings: Of operations _____

Of autopsy _____

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Accountant

11. Industry or business _____

MOTHER FATHER

12. Name Milton Guy Hall

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

14. Maiden name Mary Ella McFarland

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Walter S. Lane

(b) Address 517 Boyle, Little Rock, Ark.

17. (a) Burial (b) Date thereof Jan. 13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director A. C. Maydell

(b) Address 1926 Allen Ave.

19. (a) JAN 12 1940 (b) _____
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____

23. Signature R. R. Lewis (M. D. or other) _____

Address 1515 Lafayette, St. Louis, Mo.

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 Benj. C. Duncan
Licensed Embalmer No. 2272
P. O. Address 1926 Allen Ave

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.