

Registration District No. 701

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1183

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Deaconess Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 Mo.  
 (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME SUSAN THOMPSON HALL.

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harry R. Hall. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 24th 1873  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>4</u>	<u>10</u>	hr. _____ min.

9. Birthplace Elizabeth, N.J.  
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name James D. Thompson.  
 { 13. Birthplace Wheeling, W. Va.  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name Georgia Ireadway.  
 { 15. Birthplace New Haven, Conn.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frances Gambrell.

(b) Address 5048 Westminster, Pl.

17. (a) Burial (b) Date thereof 2/6/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontain Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar, Blvd.

19. (a) FEB 5 1940 (b) J. P. Brudeck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Glendale NR  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. # 956 Victoria, Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th  
 year 1940 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from April - 1936 to Feb - 4, 1940  
 that I last saw her alive on Feb - 3, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3 Mo.  
Degenerative vascular disease  
 Due to disease 4 year  
 Due to \_\_\_\_\_

Other conditions Ac pyelonephritis 3 Mo  
 (Include pregnancy within 9 months of death)  
Non Calculous

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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 W. H. ... (M. D. or other M.D.)  
 Address 17 E. ... Date signed 2-2-40

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

#1/3: Kestwood  
RE - 3200  
4-5 p.m.

**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 Clarice H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis

**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.**