

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.

Registration District No. 791

Primary Registration District No. _____

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: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo 7 das
(Specify whether
In this community Life
years, months or days)

8. (a) PRINT FULL NAME Mildred Hall

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Edgar Hall 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: (Month) Sept (Day) 27 (Year) 1901

8. AGE: Years 39 Months 2 Days 28 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Davis 13. Birthplace Texas (City, town, or county) (State or foreign country)

{ 14. Maiden name Missie Curran 15. Birthplace Baldwin Mo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edgar Hall (b) Address 4507 Washington ave

17. (a) Burial (b) Date thereof Dec 28/40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director E. A. Green

(b) Address 2915 Franklin ave

19. (a) DEC 27 1940 (b) J. F. Fritzsche (Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")
(d) Street No. 4509 Washington (Basement)
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25
year 1940 hour 5:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from November 18, 1940 to December 25, 1940; that I last saw her alive on December 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 10 mos Duration
Far Advanced

Due to _____
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

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) (a) Means of injury _____

23. Signature Edell C. Cox (M. D. or other) _____
Address 2601 N Whittier Date signed _____

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. 2963

P. O. Address 2915 Franklin

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.