No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5145

State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 1393

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis Inf.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Inf. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1day (Specify whether years, months or days) In this community 1day

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town E. St. Louis NR
(If outside city or town limits, write "RURAL")
(d) Street No. 1322 Booker St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? no 2 years.

3. (a) PRINT FULL NAME Herman Hall
3. (b) If veteran, name war no
3. (c) Social Security No. 329-10-9449
4. Sex male
5. Color or race col
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hazel Hall
6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Oct. (Month) 17th. (Day) 1905 (Year)
8. AGE: Years 35 Months 2 Days 22 If less than one day hr. min.
9. Birthplace Birming ham (City, town, or county) / Alab. (State or foreign country)
10. Usual occupation Laboror
11. Industry or business Conti. Feed Mill
FATHER 12. Name Albert Hall
13. Birthplace Dorison (City, town, or county) / Ga. (State or foreign country)
MOTHER 14. Maiden name Carrie Osborn
15. Birthplace Atlanta (City, town, or county) / Ga. (State or foreign country)
16. (a) Informant Carrie Hall
(b) Address 1322 Booker St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2 11 41 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis
18. (a) Signature of funeral director C. T. Nash
(b) Address 3847 Page Blv.
19. (a) FEB 11 1941 (Date received locally) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th. year 1941 hour 12 minute 35 A.M.
21. I hereby certify that I attended the deceased from 1-20-41, 19..., to 2-9, 1941, that I last saw him alive on 2-8, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 9 days
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Intraventricular Hemorrhage (?)

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. H. Weathers (M. D. or other)
Address 1741 Bayard, E. St. Louis, Date signed 2/11/41

(Licensed Embalmer's Statement on Reverse Side)

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 3847 Page Blv, Registered Apprentice No. _____ working under my personal supervision.

Signed C. T. Nash

Licensed Embalmer No. 2433

P. O. Address 3847 Page Blv.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.