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

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20263

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 5075

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

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: 5295 Waterman (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600

(c) City or town St. Louis 1712 (If outside city or town limits, write "RURAL")

(d) Street No. 5295 Waterman 4 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Catherine L. 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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 3 (Day), 1905 (Year)

8. AGE: Years 36 Months 3 Days 16 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name Dr. Frederick B. Hall

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

14. Maiden name Corrine Steele

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

16. (a) Informant Helen H. Hutchinson

(b) Address 5295 Waterman

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 6/21/41 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive, St. Louis Mo.

19. (a) JUN 21 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1941 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from January ~~1933~~, 1933, to June 19, 1941; that I last saw her alive on June 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic (infective) cholangitis No stones — Duration 10 yrs

Due to Chronic infections cholecystitis

Due to

Other conditions (Include pregnancy within 3 months of death) 1278

Major findings: Of operations

Of autopsy Chronic infections cholangitis

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 Jerome E. Cook (M. D.)

Address 508 N. Grand Blvd. Date signed 6/20/41

(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 Robert T. Sangster, Registered Apprentice No. 259 working under my personal supervision.

Signed Neville B. Rohwetter

Licensed Embalmer No. 3696

P. O. Address St. Louis, Mo.

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, fact should be so stated above.