No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26896

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6688

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

1. PLACE OF DEATH:

(a) County FILED SEP 17 1941

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

(c) Name of hospital or institution: Homer G Phillips
(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 21 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1809 Laflin 11
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Robert DaNiel Hall

3. (b) If veteran, name war Worlds War

3. (c) Social Security No. unk

4. Sex Male

5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased Aug (Month) 24, (Day) 1894 (Year)

8. AGE: Years 47 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name George Hall
13. Birthplace Harrisburg Va (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Va (City, town, or county) (State or foreign country)

16. (a) Informant Viola Hall
(b) Address 3922 Fairfax

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8. 16. 41 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney ave

19. (a) AUG 16 1941 (Date received by local registrar) (b) J. F. Fredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12
year 1941 hour 7:05 minute A.M.

21. I hereby certify that I attended the deceased from August 8, 1941, to August 12, 1941
that I last saw him alive on August 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	6 years
Acquired Syphilis	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 J. W. Johnson (M. D. or other) 0
Address 2601 N Whittier Date signed 8-13-41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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