

FILED OCT 19 1941

Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Days  
In this community Unknown  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 700a No. Fourth St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ----

3. (a) PRINT FULL NAME Hal Torrence

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years 81 Months -- Days -- If less than one day  
hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison  
(b) Address St. Louis City Hospital #1

17. (a) (b) Date thereof 8-16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis City Hospital #1

18. (a) Signature of funeral director J. P. Buehler

(b) Address 3500 Kates

19. (a) SEP 2 1941 (b) J. P. Buehler  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13,  
year 1941 hour 7:40 minute P. M.

21. I hereby certify that I attended the deceased from August 6, 1941, to August 13, 1941.  
that I last saw him alive on August 13, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of tongue Duration

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?

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

23. Signature Joseph S. Donnell (M. D. optional) 8/14/41  
Address 1615 Lafayette Avenue 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.....

P. O. Address.....

**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.**