

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29794

FILED OCT 18 1941
701

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7132

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Arch R. Hall

3. (b) If veteran, name war No.

3. (c) Social Security No. 489-03-5841

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased March 30 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>5</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation Machinist Helper

11. Industry or business Glass Works

12. Name Newell Hall

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Russell

15. Birthplace Independence Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. Hall

(b) Address Festus, Mo.

17. (a) Burial (b) Date thereof 9/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) SEP 2 1941 (b) J. B. Bredich
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town Festus N.R. 3
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1st
year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 25, 1941 to Sept 1, 1941
that I last saw him alive on Sept 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis (Colon Bacilli)

Due to Obstruction sigmoid (carcinoma) 1 yd.

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma sigmoid with generalized metastases
Of operations _____
Of autopsy Name

Duration _____

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)

(e) Means of injury _____

23. Signature E. J. Hoover (M. D. or other) _____
Address 607 N. Howard Date signed 9-2-41

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

MOTHER FATHER

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 G. W. Wilkinson

Licensed Embalmer No. 3575

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.