

FILLED NOV 24 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8298

## 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:  
1228 SHAWMUT 1  
 (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)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County 000  
 (c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 17  
 (d) Street No. 1228 SHAWMUT (If rural, give location) 98  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 18-1941  
 year 3 hour 55 minute A. M.  
 21. I hereby certify that I attended the deceased from June 12  
 1933 to Oct. 18 1941  
 that I last saw him alive on Oct. 17 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic myocarditis 2 yrs  
chronic arteriosclerotic  
trial nephritis 5 yrs

Duration

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 sta-  
 tistically.

## 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 Delbert Anderson (M. D. or other) \_\_\_\_\_  
 Address 508 N. Grand Blvd Date signed 10/18/41

3. (a) PRINT FULL NAME JETER HALL  
 3. (b) If veteran, name war NONE 3. (c) Social Security No. 491-16-5255  
 4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife GERTRUDE HALL 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased NOV 16 1863  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 11 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace LANCASTER CO VIRGINIA  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation BOOKKEEPER-  
 11. Industry or business 7-UP BOTTLING CO.

- MOTHER FATHER { 12. Name UNKNOWN  
 13. Birthplace UNKNOWN 4  
 (City, town, or county) (State or foreign country)  
 14. Maiden name UNKNOWN 4  
 15. Birthplace UNKNOWN 7  
 (City, town, or county) (State or foreign country)

16. (a) Informant MRS GERTRUDE HALL  
 (b) Address 1228 SHAWMUT  
 17. (a) CREMATION (b) Date thereof 10-20-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation VALHALLA CREMATORY  
 18. (a) Signature of funeral director Shepard Funeral Home  
 (b) Address 1167 HAMILTON AVE  
 19. OCT 19 1941 (Date received local Registrar) (b) J. T. Bredbeck (Registrar's signature)

**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 J. Wm. Dinkley  
Licensed Embalmer No. 3653  
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.**