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STANDARD CERTIFICATE OF DEATH

State File No. **40595**  
10353  
Registrar's No.

JAN 24 1942 791  
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **STODDARD** **103**  
(c) City or town **ADVANCE** **NR 0**  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? **/** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **Milburn Turner Hall**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married **divorced**

6. (b) Name of husband or wife **MYRTLE HALL** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **MAY 22 1898**  
(Month) (Day) (Year)

8. AGE: Years **52** Months Days If less than one day hr. min.

9. Birthplace **HENDERSON CO. KY.**  
(City, town or county) (State or foreign country)

10. Usual occupation **FARMING**

11. Industry or business

12. Name **WM HALL**

13. Birthplace **UNKNOWN**  
(City, town or county) (State or foreign country)

14. Maiden name **MARY LOLON**  
(City, town or county) (State or foreign country)

15. Birthplace **UNKNOWN**  
(City, town or county) (State or foreign country)

16. (a) Informant **Wm Turner Hall**

(b) Address **Advance, Mo.**

17. (a) **REMOVED** (b) Date thereof **DEC 25 1941**  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CHAFFEE MO.**

18. (a) Signature of funeral director **Ernest J. Brueck**

(b) Address **Advance, Mo.**

19. (a) **DEC 20 1941** (b) **J. F. Brueck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **25**  
year **1941** hour **12:45** minute **A. M.**  
21. I hereby certify that I attended the deceased from **Dec 17** 1941 to **Dec 25** 1941;  
that I last saw him alive on **Dec 25** 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Brain tumor, rt temporal lobe, malignant** Duration **? 6 mos +**

Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death) **54 b**

Major findings: **as above 53 C**  
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) (e) Means of injury  
23. Signature **J. P. Bradley** (M. D. or other)  
Address **BARNES HOSPITAL** Date signed **12-25-41**

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

MOTHER FATHER

10353

10353

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**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.....

*John Ketter*

Licensed Embalmer No. 3880

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.**