

S. No. 2
M-5-42
7-5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38797

State File No.

Registrar's No. 10604

FILED DEC 29 1942
318

1003

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: St Marys Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Years
(Specify whether years, months or days)

In this community 30 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL") 9 11

(d) Street No. 1403a N. Sarah st.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rosie Hall

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15 day Dec
year 1942 hour _____ minute 18 M.

21. I hereby certify that I attended the deceased from Dec 7, 1942
to Dec 15, 1942
that I last saw her alive on Dec 15, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November 8th 1892
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death) gza

Major findings: Of operations gza

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 50 Months 1 Days 7
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business At Home

12. Name Leonard Holman

13. Birthplace Memphis Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Cox

15. Birthplace Memphis Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Peter Hall
(b) Address 1403a N Sarah St

17. (a) Burial (b) Date thereof 12/21/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Old Roberts

(b) Address 3035 Pine Ave

19. (a) DEC 20 1942 (b) J. F. Busch
(Date received local registrar) (Registrar's signature)

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 R. B. Hurrell (M. D. or other)
Address 2902 Va Circle Date signed 12-17-42

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

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 Fuller E. Culkin

Licensed Embalmer No. 4198-

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.