

S. No. 2  
DM-5-42  
ev. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
FILED JAN 5 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41926  
State File No. 0  
Registrar's No. 2613

Registration District No. 780 Primary Registration District No. 101

96  
382  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 7532 Cromwell Drive  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 40 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7532 Cromwell Drive  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: 0

3. (a) PRINT FULL NAME JENNIE L OVELL HALE  
3. (b) If veteran, name war: NO  
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December Day 11  
Year 1942 hour 11 minute 05 P.M.  
21. I hereby certify that I attended the deceased from 1936 to death 1942  
that I last saw her alive on Dec 11 1942  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Eugene Hale  
6. (c) Age of husband or wife if alive dec. years  
7. Birth date of deceased: (Month) 7 (Day) 15 (Year) 1874

Immediate cause of death: Acute dilatation of the heart  
Duration  
Due to Cardio-renal - bronchopulmonary disease - hypertension 8-10 yrs  
Due to Chr. nephritis

8. AGE: Years 68 Months 4 Days 26 If less than one day hr. min.  
9. Birthplace Jerseyville Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Other conditions: (include pregnancy within 3 months of death)  
Major findings: None done  
Of operations: None done  
Of autopsy: None done

11. Industry or business  
12. Name Henry Clark L. ovell  
13. Birthplace Portland Maine  
(City, town, or county) (State or foreign country)  
14. Maiden name Harrist Steling Warren  
15. Birthplace Jerseyville Illinois  
(City, town, or county) (State or foreign country)

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: 0 M.D.

16. (a) Informant John E. Hale  
(b) Address 7532 Cromwell Dr  
17. (a) Burial (b) Date thereof 12-14-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Jerseyville, Illinois

23. Signature Helevar Collins (M. D. or other) M.D.  
Address 2301 N. Kingshighway Date signed Dec 12 1942

18. (a) Signature of funeral director Alexander & Sons  
(b) Address 6175 Delmar Blvd  
19. (a) DEC 12 1942 (b) C. E. McNamee  
(Date received local health officer) (Registrar's signature)

Calverton, Delaware  
2301 Kings Highway 70 8365

MAY 10 1951

**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 Joseph E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Pelmar

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.