S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12202

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4016

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: Lutheran Hospital 0
(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 Mo. (b) County 000 17

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

(d) Street No. 4324 DeTonty Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Arthur A. Hall

3. (b) If veteran, name war None

3. (c) Social Security No. 494-03-6348

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March (Month) 1st (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
55	1	26	hr. min.

9. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Superintendent

11. Industry or business Magnus Metal Co.

FATHER
12. Name Alonzo Hall
13. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Julia P. Abel
15. Birthplace (City, town, or county) Indiana 1 (State or foreign country)

16. (a) Informant Margaret Hall
(b) Address 4324 DeTonty Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th year 1943 hour 10:10 minute P.M. M.

21. I hereby certify that I attended the deceased from Fall 1934, 19, to 4/27/43, 19;
that I last saw him alive on 4/27/43, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia - Ac Myocarditis

Due to Cardio-Renal-Vascular-Disease-Hepatitis

Due to Luetic? (Pos. Serology)

Other conditions Emphysema.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 10 days; 4 yrs

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Walter H. Hoch MD (M. D. or other)
Address 2602 S. Grand Date signed 4/28/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. [redacted]er
2602 So Grand
Dr 5172 10-12

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 Reinhold K. Lahrmann

Licensed Embalmer No. 3395

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.