

S. No. 2
1-9-41
5-1-41
I

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16166**
Registrar's No. **4912**

FILED JUN 9 1943

318

1003

Registration District No.

Primary Registration District No.

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:
City Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 mo., 16 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2735 Market Street
(If rural, give location)
(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME James William Hall

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or 2 race Colored 6. (a) Single, widowed, married, 3 divorced Divorced

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

7. Birth date of deceased July 22 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 10 2 hr. min.

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

10. Usual occupation Laborer

11. Industry or business.

12. Name. David Hall

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

14. Maiden name. Catherine Donnelly

15. Birthplace. Cincinnati, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant. C. Hannon
(b) Address. 5800 Arsenal Street

17. (a) Burial (b) Date thereof. 5-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director. W. J. Sneed

(b) Address. 3615-17 Eastway Ave

19. (a) MAY 29 1943 (b) J. F. Brudeck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 21, day 24th,
year 1943 hour 2 minute :50P.M.

21. I hereby certify that I attended the deceased from April 1, 1943, to April May 24, 1943
that I last saw him alive on May 24, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death. Status epilepticus

Due to. Old cerebral hemorrhage

Due to. Generalized arteriosclerosis

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

Major findings: Of operations.

Of autopsy. As above

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. F. Brudeck (M.D. or other) MD
Address. City Infirmary Date signed 5/27/43

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

MOTHER FATHER

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. *myself*

Signed.....

Licensed Embalmer No. *2266*

P. O. Address *7872 Thomas St*

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.