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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19650

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 5874

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: 4489 Penrose St. (If not in hospital or institution, write street number or location)

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

In this community

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. 4489 Penrose St. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

000 17 910

3. (a) PRINT FULL NAME Mary Jane Hall

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Andrew J. Hall

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov 12th 1869 (Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name John Coffman

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

14. Maiden name Emily Raush

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

16. (a) Informant Mr. Andrew J. Hall

(b) Address 4489 Penrose St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/28/43 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) JUN 28 1943 (Date received by local registrar) (b) J. J. Bedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1943 hour 11 minute 25p M.

21. I hereby certify that I attended the deceased from June 26 1943, 19..., to June 25 1943, 19...; that I last saw her alive on June 26 1943, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senility	2 months
General arteriosclerosis	uncertain
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wayne O. Boyle (M. D. or other)

Address 2789 N. Grand Date signed 6-26-43

(Licensed Embalmer's Statement on Reverse Side)

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 Frank H. Strout

Licensed Embalmer No. #2265

P. O. Address 4600 Natural Brid

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.