

FILED AUG 18 1943 318

Registration District No. _____

Primary Registration District No. **1003**

Registrar's 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:
City Infirmiry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 days**
(Specify whether
53 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5800 Arsenal Street 223 Dove**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HALL, Sarah Catherine**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Henry B. Hall** 6. (c) Age of husband or wife if alive **????** years

7. Birth date of deceased **Feb. 5 1854**
(Month) (Day) (Year)

8. AGE: Years **89** Months **08** Days **06** If less than one day **3** hr. min.

9. Birthplace **Osage County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business **Nil**

MOTHER FATHER
12. Name **KLISSNER, John**
13. Birthplace **Missouri**
14. Maiden name **SCHUL, Matilda**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **D. E. Basso**
(b) Address **5800 Arsenal Street, St. L., Mo.**

17. (a) **Burial** (b) Date thereof **8/11/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthew Cem**

18. (a) Signature of funeral director **W. A. Stock**

(b) Address **2117 E. Grand Blvd.**

19. (a) **AUG 11 1943** (b) **J. P. Budeck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **8**
year **1943** hour **5** minute **40** P.M.
21. I hereby certify that I attended the deceased from **July 20**
1943 to **Aug 8 1943**
that I last saw her **er** alive on **Aug 8 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **acute Bronchopneumonia** Duration **7/19/43**

Due to **95%**
Due to **Acute Bronchopneumonia, hyperkalemia, years**
Other conditions (Include pregnancy within 3 months of death) **Myocarditis**

Major findings: Of operations _____
Of autopsy **Bronchopneumonia, Myocardial infarct, blood to ca**
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?
While at work? _____ (Specify type of place) (Means of injury)

23. Signature **J. P. Budeck** (M.D. or other) **MD**
Address **City Infirmiry** Date signed **8/10/43**

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address. 2117 E. Grand

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.