

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Missouri 35706  
State File No. \_\_\_\_\_  
Registrar's No. 2505

ED NOV 13 1943

Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maryland Heights  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
121-Franke Avenue  
(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 7 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Maryland Heights  
(If outside city or town limits, write "RURAL")

(d) Street No. 121-Franke Avenue  
(If rural, give location)

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

3. (a) PRINT FULL NAME Lula A. Hale

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 M

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 3 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day Nov  
year 1943 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 15 1943 to Nov 8 1943  
that I last saw her alive on Nov 7 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

67 8 5 hr. min.

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

10. Usual occupation Housewife

Immediate cause of death Chronic myocarditis 5 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Acute Hepatitis  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name John F. Williams

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

14. Maiden name Rebecca Bradford

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

16. (a) Informant James Hale

(b) Address Maryland Heights, Mo.

17. (a) Burial (b) Date thereof 11-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. Prairie, Mo.

18. (a) Signature of funeral director Bauman & Co. Inc.

(b) Address 2504 Woodson - Overland, Mo.

19. (a) NOV 10 1943 (b) E. D. McCarren, M.D.  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Arnold H. Wiser, M.D. (M. D. or other) MD

Address 8900 S. Chesapeake Date signed 11/17/43

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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 W. G. Peterson  
Licensed Embalmer No. 3767  
P. O. Address Overland Mo

**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.**