

FILED NOV 20 1943

Registration District No. 317

Primary Registration District No. 3067

Registrar's No. 2547

1. PLACE OF DEATH:

(a) County SAINT LOUIS:

(b) City or town VILLAGE OF LADUE:
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
RES: - #5 COLONIAL COURT. /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI: (b) County SAINT LOUIS

(c) City or town VILLAGE OF LADUE:
(If outside city or town limits, write "RURAL")

(d) Street No. 5 COLONIAL CT.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN JOSEPH HALL JR.

3. (b) If veteran, name war NO.

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 14
year 1943 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 1942
NOV. 14 1943
to _____ 1943

that I last saw him/her alive on NOV. 14 1943
and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ADELE RASSFELD HALL

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased OCTOBER 1st 1904
(Month) (Day) (Year)

Immediate cause of death cardiac infarction

Duration _____

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

39 I 13 hr. _____ min.

Due to _____

Due to _____

9. Birthplace SAINT LOUIS MISSOURI
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation DEP'T HEAD - OFFICE OF

Major findings: Of operations _____

11. Industry or business PRICE ADMINISTRATION

Of autopsy _____

MOTHER FATHER { 12. Name JOHN JOSEPH HALL

{ 13. Birthplace ABOARD SHIP ATLANTIC OCEAN
(City, town, or county) (State or foreign country)

{ 14. Maiden name EDITH A.

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant ADELE RASSFELD HALL

22. If death was due to external causes, fill in the following:

(b) Address 5 COLONIAL CT. VILLAGE LADUE

(a) Accident, suicide, or homicide (specify) _____

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

(b) Date of occurrence _____

(c) Place: burial or cremation VALHALLA CREMATORY

(c) Where did injury occur? _____
(City or town) (County) (State)

18. (a) Signature of funeral director C. R. LUPTON & SONS

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 7233 DELMAR BLVD.

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

19. (a) NOV 17 1943 (b) E. D. Mc Gowan, Jr.
(Date received local registrar) (Registrar's signature)

23. Signature Opel W. Mc Bride M.D.
Address 3720 Washington Date signed 11/15/43

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

DEC 1 1943

MAY 29 1944

Dr. C. M. MacBryde.
3720 Washington.
FR:- 3737.
Hrs., 1-4.

JAN 4 1944

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - D

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.