

FILED DEC 27 1943  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 23 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43705

State File No. \_\_\_\_\_  
Registrar's No. 2870

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County ST LOUIS  
(b) City or town BALLWIN MO.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
PINE CREST NURSING HOME  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 6 mo. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Hall Leonard J

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife minnie Hall 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept 26 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 2 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation RETIRED 1928

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

12. Name LEONARD J. HALL

13. Birthplace Unknown NEW YORK  
(City, town, or county) (State or foreign country)

14. Maiden name SARAH MCKAY

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

16. (a) Informant LEONARD J HALL III

(b) Address 1201 DELAWARE

17. (a) BURIAL (b) Date thereof DEC 22, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 HAMILTON AVE.

19. (a) DEC 23 1943 (b) E. J. McEwan, Jr.  
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS  
(c) City or town WELLSTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1203 DELAWARE AVE  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from June 20th 1943 to Dec 20th 1943  
that I last saw him alive on Dec 19th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

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

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

Major findings:  
Of operations 938  
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? \_\_\_\_\_

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

23. Signature R. N. Jansen (M. D. or \_\_\_\_\_)  
Address Manhattan Mo Date signed 12/21/43

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

360

84  
27/43

107

DEC 2 9 1949

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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 *Albert G. Hoyle*.....

Licensed Embalmer No. *2971*.....

P. O. Address.....

**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.**