No. 2
-2-43
17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

ILED FEB 4 1944

Registration District No. 318 Primary Registration District No. 1003

State File No. 380

Registrar's No. 944

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: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3615 Shenandoah Ave
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME EMERY CLARENCE HALL

3. (b) If veteran, name war

3. (c) Social Security No. 494-09-0366

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced wid. 2

6. (b) Name of husband or wife Pearl Hall

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

7. Birth date of deceased Sept. (Month) 26, (Day) 1878 (Year)

8. AGE: Years 65 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Newberg (City, town, or county) Indiana (State or foreign country) 1

10. Usual occupation PRINTER keeper

11. Industry or business GLOBE DEMOCRAT PUBLISHING CO.

FATHER
12. Name George D. Hall
13. Birthplace not known (City, town, or county) Kentucky (State or foreign country) 1

MOTHER
14. Maiden name Susan Bolding
15. Birthplace not known (City, town, or county) Kentucky (State or foreign country) 1

16. (a) Informant T. Singler
(b) Address 5400 Arsenal

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof Jan. 31, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation MISSOURI CREMATORY

18. (a) Signature of funeral director Witt Bros L & U Co
(b) Address 2929 So. Jefferson, St. Louis 18, Mo.

19. (a) JAN 31 1944 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th, year 1944 hour 7.39 minute p. M.

21. I hereby certify that I attended the deceased from Jan. 24th 1944 to Jan. 28, 1944 that I last saw him alive on Jan. 28, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	2 ds.
Due to Arteriosclerotic Valvular and Vascular Heart Disease	1/24/44 x
Due to Generalized Arteriosclerosis	1/24/44 x
Other conditions (Include pregnancy within 3 months of death) Cirrhosis of Liver	1/24/44 x

Major findings: Of operations As above

Of autopsy

108

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 Jim Felich (M. D. or other) M.D.

Address 5400 Arsenal Date signed 1/29/44

(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. V E Morris

Licensed Embalmer No. 3360

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.