

Registration District No. 818

Primary Registration District No.

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

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:  
5914 Waterman Blvd. residence  
(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)

3. (a) PRINT FULL NAME JAMES HALES

3. (b) If veteran, name war: unknown 3. (c) Social Security No. 494-05-5359

4. Sex: male 5. Color or race: white 6. (a) Single, widowed, married, divorced: married  
6. (b) Name of husband or wife: Mattie Hales 6. (c) Age of husband or wife if alive: 69 years  
7. Birth date of deceased: May 21 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 9 16 hr. min.

9. Birthplace: North Ireland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation: Production Dept.

11. Industry or business: Century Electric Co.

12. Name: Frederick Hales

13. Birthplace: unknown Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name: Ann Noble

15. Birthplace: unknown Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mattie Hales

(b) Address: 5914 Waterman Blvd.

17. (a) burial (b) Date thereof: 3-7-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Farmington, Missouri

18. (a) Signature of funeral director: C. R. Lupton & Sons  
(b) Address: 7235 Delmar Blvd. St. Louis

19. (a) MAR 7 1944 (b) J. F. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000  
(c) City or town: St. Louis 17  
(If outside city or town limits, write "RURAL") 95  
(d) Street No.: 5914 Waterman  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6th  
year 1944 hour one minute 30 a. m.

21. I hereby certify that I attended the deceased from Feb-27 1944, to March-6 1944.  
that I last saw him alive on March-3rd 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-Vascular disease 3yrs  
Arteriosclerosis 10 yrs

Other conditions: 93  
(Include pregnancy within 3 months of death)

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

Duration  
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: 0  
23. Signature: Arthur W. Westrup (M. D. or other)  
Address: Westrup Groves, Mo. Date signed: 3-7-44

Dr. H. H. Hestrup  
204 E. Big Bend  
RE - 0138  
Mar 1 to 2 P.M.  
MAR 16 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 Benford A. Miles  
Licensed Embalmer No. 2901  
P. O. Address University City, 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.**