

FILED MAY 29 1944  
Registration District No. 3

Primary Registration District No. 3063

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

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Hall, Frank

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex m. race W

5. Color or W

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

6. (b) Name of husband or wife Estelle

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

7. Birth date of deceased May 19 - 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>82</u>	<u>11</u>	<u>28</u>	<u>-</u>	<u>-</u> hr. <u>-</u> min.

9. Birthplace Valparaiso Ind. (City, town, or county) (State or foreign country)

10. Usual occupation retired

MOTHER, FATHER

11. Industry or business Building contractor

12. Name Don't know

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Miss Stella Hall

(b) Address 6208 E. Hathorn Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-20-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Geo. L. Pleitach, Inc.

(b) Address 5846 Easton Avenue

19. (a) MAY 20 1944 (Date received local registrar) (b) C. W. Mc Murray, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. Reesor Drive (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1944 hour 2 minute 25 P. M.

21. I hereby certify that I attended the deceased from 5-12-44 to 5-17-44 1944  
that I last saw him alive on 5-17-44 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease Duration 2 years

Due to arteriosclerosis years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations giver

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) (c) Means of injury

23. Signature George Hanon (M. D. or other)  
Address St. Louis 20 407 Date signed 5/12/44

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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..... *Heward F Rowland* .....  
Licensed Embalmer No.....  
P. O. Address..... *3114 St Louis 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.**