

**FILED JUL 21 1944**

**1003**

Registrar's No. **5883**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
none (4440 Page Blvd.)  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County MO  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4440 Page Blvd  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Birdie Lee Hall

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

4. Sex F 5. Color or race col 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
 alive \_\_\_\_\_ years

7. Birth date of deceased: 8 4 1881  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 10 24 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business none

12. Name Boston Earley

13. Birthplace Boliva, Tenn.  
 (City, town, or county) (State or foreign country)

14. Maiden name Bettie ?

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

16. (a) Informant Augustine Hall

(b) Address 4440 Page

17. (a) Burial (b) Date thereof 7/1/44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 E. Finney Ave

19. (a) JUN 30 1944 (b) J. J. Bredeck  
 (Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 28  
 year 1944 hour 2 minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from Dec 1, 1943 to June 28, 1944  
 that I last saw her alive on June 27, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to hypertension

Due to 61

Other conditions (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) (b) Means of injury \_\_\_\_\_

23. Signature J. J. Bredeck (M. D. or other) \_\_\_\_\_  
 Address 700 S. Jefferson Date signed June 29

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

MOTHER FATHER

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

*S. J. Hutton*

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

**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.**