

No. 2
-1-4-41
5-17-39
K26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29385

State File No. _____

FILED OCT 6 1944 318

Registrar's No. 8349

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5146 Waterman Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Marie Emily Hale
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, widowed, married, divorced <u>Single</u>
6. (b) Name of husband or wife _____		6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased <u>October 26 1872</u> <small>(Month) (Day) (Year)</small>		

8. AGE: - Years <u>71</u>	Months <u>11</u>	Days <u>3</u>	If less than one day _____ hr. _____ min.
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9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

11. Industry or business _____
 12. Name James Hale
 13. Birthplace Bucks County, Penn
(City, town, or county) (State or foreign country)
 14. Maiden name Clemence Reinheim
 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mahlon J. Hale
 (b) Address 5146 Waterman Ave
 17. (a) Burial (b) Date thereof 10/2/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C. R. Lupton & Sons
 (b) Address 7233 Delmar Blvd
 19. (a) SEP 30 1944 (b) J. J. Bedeak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Wright
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5146 Waterman Ave
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month September day 29
 year 1944 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from December 1943 to Sept. 29 1944
 that I last saw her alive on Sept. 29 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis
 Due to 72
 Due to _____

Other conditions acute bronchitis
(Include pregnancy within 3 months of death) neuropathy

Major findings:
 Of operations _____
 Of autopsy _____

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 Francis R. Pistorie (M. D. or other) _____
 Address 5233 Waterman Ave Date signed 9.29.44

Duration many years
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

D. J. Braccio R. Kitcher
5233 Matamoras
30-5071
4-16 P.M.

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 Bradford 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.