

FILED JUN 4 1945
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH: *St Louis*

(a) County *St Louis*

(b) City or town *St Louis*

(c) Name of hospital or institution: *2523 Bellglade*
(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 *60 year*

3. (a) PRINT FULL NAME **HENRY HALL**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *Male* 9. Color or race *Col* 6. (a) Single, widowed, married, divorced *Married*

6. (b) Name of husband or wife *Alice Hall* 6. (c) Age of husband or wife if alive *78* years

7. Birth date of deceased *Nov 17 1866*
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<i>78</i>	<i>6</i>	<i>5</i>	hr. min.

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

10. Usual occupation *Labor*

11. Industry or business _____

MOTHER FATHER

12. Name *Unknown*

13. Birthplace *Unknown* (City, town, or county) (State or foreign country)

14. Maiden name *Unknown*

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

16. (a) Informant *Alice Hall*

(b) Address *2523 Bellglade*

17. (a) *Burial* (Burial, cremation, or removal) (b) Date thereof *May 26 / 45*
(Month) (Day) (Year)

(c) Place: burial or cremation *Greenwood Cem*

18. (a) Signature of funeral director *J. G. Sullivan*

(b) Address *2715 Franklin ave*

19. (a) **MAY 26 1945** (b) *J. J. Predeck*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: *000*

(a) State *Mo* (b) County *17*

(c) City or town *St Louis* *911*
(If outside city or town limits, write "RURAL")

(d) Street No. *2523 Bellglade*
(If rural, give location)

(e) Citizen of foreign country? *0* (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day *22* year *1945* hour *6* minute *30* M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death *Coronary Sclerosis*
Arterio Sclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) *9/4*

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 injury) _____ (Specify type of place)

23. Signature *Thomas F. Callan* (M.D. or other) _____
Address *Carone* Date signed *5-23-45*

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *J. A. Green*.....

Licensed Embalmer No. *2863*.....

P. O. Address. *2915 Franklin ave*.....

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.