

FILED JUN 10 1945

Primary Registration District No. 2009

Registrar's No. 1532

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town University City, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Res: 7358 Dartmouth Ave.,
 (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 Missouri. (b) County St. Louis, 96
 (c) City or town University City, 5
 (If outside city or town limits, write "RURAL") 5
 (d) Street No. 7358 Dartmouth Ave.,
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EDITH ALICE HALL.
 3. (b) If veteran, name war none. 3. (c) Social Security No. none.

4. Sex Female! 5. Color or race White. 6. (a) Single, widowed, married, 2 divorced, Widowed.
 6. (b) Name of husband or wife John Joseph Hall. 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 30, 1872.
 (Month) (Day) (Year)

8. AGE: — Years Months Days If less than one day
72. 7. 10. hr. min.

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

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER
 12. Name Unknown Whistler.
 13. Birthplace Unknown. 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown.
 15. Birthplace Unknown. 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Adele R. Hall.
 (b) Address #5 Colonial Court.

17. (a) Cremation, (b) Date thereof 6/12/45.
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director C.R. Lupton & Sons.
 (b) Address 7233 Delmar Bly'd.

19. (a) JUN 11 1945 (b) E. B. McEwen, MD
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th,
 year 1945. hour 2:45 minute P. M.
 21. I hereby certify that I attended the deceased from 1935
June 10, 1945 to _____, 19____
 that I last saw her alive on June 10, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial Infarction
 Due to _____
 Due to Arterio Sclerosis
 Other conditions 932
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy None
 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 _____

23. Signature [Signature] (M. D. or other) _____
 Address [Signature] Date signed 6.10.45

Dr. J. A. Seabold.
Carlton Building.

GA: 0070.

Hrs: 12-2 4-5.

Res: 1221 Oakley Court.
CA: 5659.

DEC 18 1945

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

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.