S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

35353

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 10454

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St.Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4369 Gannett ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward L.Hall

3. (b) If veteran, name war World War- #1 & #2.

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Gertrude Hall

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased November (Month) 26 (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	0	4	hr. min.

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

10. Usual occupation Major U.S.Q.M.Corps

11. Industry or business

FATHER
12. Name Harry S.Hall
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary McHarg
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs.Gertrude Hall
(b) Address 4369 Gannett ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.4.1945 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C.Hoffmeister Colonial Mortuary
(b) Address 6464 Chippewa st.

19. (a) DEC 3 1945 (Date received local registrar) J.F. Bredeck (Registrar's signature)

DEC 3 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30 year 1945 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid hemorrhage of brain & Aneurysm of brain when the automobile he was driven was struck by & automobile driven by one Don Louis Weihe at the intersection of Spring & Meramec around 1:00 a.m. Nov 28 1948

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) Accidents

(b) Date of occurrence Nov 28 1948

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)

While at work? (e) Means of injury Lo. Ahm

23. Signature Robert E. Duggan (M. D. or other)

Address Dey Ex Date signed 12/2/48

(Licensed Embalmer's Statement on Reverse Side)

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 Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.