

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 392

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 minutes
(Specify whether)

In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Valley Park 16
(If outside city or town limits, write "RURAL")

(d) Street No. 608 West 0
(If rural, give location)

(e) Citizen of foreign country? 1
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Noemie Hall

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
year 1946 hour 11 minute 25 A.M.

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced 3 0

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

7. Birth date of deceased Dec. 25 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 10 1946 to Feb. 10 1946
that I last saw her alive on Feb. 10 1946
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 1 Days 16 If less than one day
hr. min.

Immediate cause of death Depressed fracture of Rt side of forehead + crushing injury of chest Duration

Due to Accident

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

10. Usual occupation Clerk

Due to Passenger in an auto which rolled with a tree

Other conditions (Include pregnancy within 3 months of death)

Major findings: 1700-8 PHYSICIAN

11. Industry or business Brown Shoe Co.

12. Name James Hall

13. Birthplace Peoria Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Black

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

Of autopsy None PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Elizabeth Parker

(b) Address 608 West - Valley Park

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 125

(b) Date of occurrence Feb. 10, 1946

17. (a) Beural (b) Date thereof 2-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Steel Cem

18. (a) Signature of funeral director Lois M. Moyer

(b) Address Kirkwood, Mo

19. (a) 2-13-46 (b) E. M. ...
(Date received local registrar) (Registrar's signature)

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

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

While at work? No (e) Means of injury Auto with Telegraph Pole

23. Signature Carmel ... (M. D. or other) 0

Address Clayton, Mo Date signed 2-14-46

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

MAY 20 1946

MAY 21 1946

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.....

Sam M. Sizmore

Licensed Embalmer No.

4343

P. O. Address.....

*7415 Zephyr Pl.
Murfreesboro, 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.