S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6944

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7494

Registration District No. 918 Primary Registration District No. 1003 Registrar's No. 2056

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)
In this community All his Life.

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. 2207 Market St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Daniel Hall

3. (b) If veteran, name war no

3. (c) Social Security No. 492-24-5713

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife ---

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

7. Birth date of deceased June 1892 (Month) (Day) (Year)

8. AGE: Years About 54 Months Days If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Elevator Operator

11. Industry or business

FATHER
12. Name Jerry Hall
13. Birthplace Nashville Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lulu ?
15. Birthplace Nashville Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Katie Louis
(b) Address 2701 A. Gamble St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 2, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Wright's Funeral Home.
(b) Address 3100 Easton Ave.

19. (a) MAR 1 1946 (Date received by local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27 year 1946 hour 10 minute 5 A M.

21. I hereby certify that I attended the deceased from Feb. 23, 1946 to Feb. 27, 1946 that I last saw him alive on Feb. 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature O. J. Cuyer (M. D. or other)
Address 2601 N Whittier Date signed 2/28/46

(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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard 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.