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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25298

FILED JUL 22 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6004

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: 2817 Walnut St /
(If not in hospital or institution, write street number or location)

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

In this community 20 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 2817 Walnut St 17
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emiline Hall

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Abt 78 Months Days If less than one day hr. min.

9. Birthplace Miss /
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business At Home

FATHER
12. Name Zack Wallace
13. Birthplace Miss /
(City, town, or county) (State or foreign country)

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

16. (a) Informant Alexander Hall
(b) Address 2817 Walnut St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-9-46 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 Finney Ave

19. (a) JUL 8 1946 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 Th year 1946 hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from Dec. 1, 1945 to July 4 1946 that I last saw him alive on July 4th 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral sclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 J. W. Williams (M. D. or other)

Address 3760 Lafayette Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

24149

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: Louis V. Atkins

Licensed Embalmer No. 2842

P.O. Address 3644 Finney Av

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.