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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED DEC 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **10201**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution: **Christian Hospital**  
(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)

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. **811 Rutger St.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: **Alpha Hall**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **28**  
year **1946** hour **5** minute **30** **A.M.**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Lillie Hall**

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

7. Birth date of deceased **October 20 1892**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>54</b>	<b>1</b>	<b>8</b>	hr. _____ min _____

Immediate cause of death **Pulmonary embolism** Duration

*Following injuries received when a load of steel sheets on a truck which he was pulling tipped over and fell against his leg at the Nelson Lumber Co. around 1:00 a.m. Nov. 13 1946*

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace **Lewisburg Kentucky**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

Major findings: **1946-8**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **William S. Hall**

13. Birthplace **Lewisburg Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lotha Witte**

15. Birthplace **Unknown Indiana**  
(City, town, or county) (State or foreign country)

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

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

(b) Date of occurrence **Nov 13 1946**

(c) Where did injury occur? **at home**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **at home**

16. (a) Informant **Lillie Hall**

(b) Address **811 Rutger St.**

17. (a) **Burial** (b) Date thereof **11-30-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **NOV 29 1946** **J. F. Breder**  
(Date received local Registrar's signature) (Registrar's signature)

(Specify type of place) \_\_\_\_\_

While at work \_\_\_\_\_ (c) Means of injury **at home**

23. Signature **Patricia E. Taylor** (M. D. or other) \_\_\_\_\_

Address **Deputy Coroner** Date signed **11-29-46**

(Licensed Embalmer's Statement on Reverse Side)

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

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**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.....

*John S. Penney*

Licensed Embalmer No. *41947*

P. O. Address.....

**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.**