42453

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10418

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 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. 3510a University St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John G. Hales Sr.

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise Hales nee Green

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 1, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	4	2	hr. min.

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

10. Usual occupation Moulder

11. Industry or business

FATHER
12. Name Samuel Hales
13. Birthplace Unknown (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Harriett George
15. Birthplace Unknown (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs Louise Hales
(b) Address 3510a University St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/6/46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) DEC 5 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3, year 1946 hour 4:12 PM minute M.

21. I hereby certify that I attended the deceased from November 30, 1946, to December 3, 1946; that I last saw him alive on December 3, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pronchos & Pneumonia	48 hrs.
Due to Cardio & renal vascular disease resulting in oedema of brain c̄	
Due to Coma	4 days.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Oedema of brain & meninges, Pneumonia, Mitral Stenosis, Chr. Nephritis

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 Joseph F. Tigg (M. D. or other) M.D.

Address 508 W. Grand Blvd. Date signed 12/5/46

(Licensed Embalmer's Statement on Reverse Side)

DEC 20 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 Wilford G Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.