S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6371

Primary Registration District No. 1003

Registrar's No. 2391

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: 5929 Victoria Avenue
(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 25 years

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. 5929 Victoria Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME NOBLE HALL

3. (b) If veteran, name war nil

3. (c) Social Security No. none

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Beulah

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May 23, 1901
(Month) (Day) (Year)

8. AGE: Years 45 | Months 9 | Days 12 | If less than one day hr. min.

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

10. Usual occupation welder

11. Industry or business self

FATHER
12. Name Alec Hall
13. Birthplace ? (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name ? Harris
15. Birthplace ? (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Elmer M. Hall
(b) Address 2733 Park Avenue

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th
year 1947 hour 8:30 minute p M.

21. I hereby certify that I attended the deceased from 3-4-47, 19..., to 3-5-47, 19...;
that I last saw him alive on 3-5-47, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza a	1 week
Due to 33	
Due to Pneumonia Bronchial	1 week
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 0

23. Signature Gustave Dakins (M. D. or other)
Address 1 X S 2 So Grand Date signed 3-6-47

(Licensed Embalmer's Statement on Reverse Side)

2391

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 L R Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

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.