

No. 2  
-12-45  
5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 14 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. **6372**  
Registrar's No. **2262**

Registration District No. **318** Primary Registration District No. **1003**

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:  
2618 Marcus Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Thelma Hall  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....  
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Elmer Hall  
6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased Dec. 5th. 1905  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 2 28 hr. min.

9. Birthplace Charleston, West Virginia  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

11. Industry or business  
12. Name John Ward  
13. Birthplace Virginia  
14. Maiden name Mae Barton  
15. Birthplace Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer W. Hall  
(b) Address 2618 Marcus Ave.  
17. (a) Burial (b) Date thereof 3-6-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Valhalla Cem  
18. (a) Signature of funeral director Sullivan Funeral Dir.  
(b) Address 2849 North Euclid Ave.  
19. (a) MAR 5 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2618 Marcus Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 3rd.  
year 1947 hour 11.10 minute P.M.  
21. I hereby certify that I attended the deceased from Jan. 10  
1945 to 3-9-47 1947  
that I last saw her alive on 3-9-47  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Due to.....  
Due to.....  
Other conditions acute cold-bronchial cough  
(Include pregnancy within 3 months of death)  
Major findings: none  
Of operations.....  
Of autopsy no 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?  
While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature W. W. Harris (M. D. 0)  
Address 3505 W. Grand Date signed.....

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

Dr. W. W. Farris

3505 North Grand JE. 0191

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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

*Robert L. Dierkma*

Licensed Embalmer No.

*3553*

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.**