

No. 2
 DM-5-43
 v. 5-17-39
 I, X38671

FILED JUN 5 1947 318

State File No. _____
 Registrar's No. 5063

Registration District No. _____ Primary Registration District No. _____

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

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:
St. Mary's Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community 26 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Charles
(If outside city or town limits, write "RURAL")
 (d) Street No. 1052 Pine St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME BENJAMIN H. HALL
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex Male
 5. Color or race col
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Alice Hall
 6. (c) Age of husband or wife if alive 35 years
 7. Birth date of deceased May 9th 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>0</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace Memphis Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business American Car Foundry

MOTHER FATHER { 12. Name Unavailable
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name _____
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Hall
 (b) Address 1052 Pine St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-47
(Month) (Day) (Year)
 (c) Place: Burial of cremation - Oak Grove Cemetery

18. (a) Signature of funeral director Chas. J. Gates
 (b) Address 4107 Finney Ave.

19. (a) MAY 20 1947 (Date received local health officer's report)
J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
 year 1947 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 5
 1947 to May 16th 1947
 that I last saw him alive on May 16th 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 2 days
 Due to Chronic myocarditis 6 w weeks
 Due to _____
 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?
 While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature Henry E. Hampton M.D.
 Address 2328 Market St. Date signed _____

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.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



..... Licensed Embalmer No. **4259**.....

P. O. Address **4107 Finney Ave.**.....

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.