

No. 2
-12-45
5-17-39
X47970

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 1003

State File No. 25585
Registrar's No. 0792

Registration District No. 318 Primary Registration District No. _____

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 943 CABANNE CT.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 76 YEARS. (years, months or days)

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

4. Sex F 5. Color or race COL 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife E. J. HALL 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased DEC 21 1870 (Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____
12. Name GEORGE WOODS D
13. Birthplace MO (City, town or county) (State or foreign country)
14. Maiden name WIFE
15. Birthplace MO (City, town or county) (State or foreign country)

16. (a) Informant E. J. HALL
(b) Address 943 CABANNE CT.

17. (a) BURIAL (b) Date thereof JULY 21 1947 (Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD CEM.

18. (a) Signature of funeral director F. A. GREEN
(b) Address 2915 FRANKLIN AVE

19. (a) JUL 19 1947 (Date received local registrar) J. F. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County COO
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street 943 CABANNE CT. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month JULY day 16 year 1947 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from Feb 15 1947 to July 16 1947
that I last saw her alive on July 16 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Paralysis
Due to Hypertension
Duration 3 yrs

Due to _____
Other conditions (Include pregnancy within 3 months of death) 87

Major findings: Of operations _____
Of autopsy _____
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 0
Signature J. S. J. J. J. (M. D. or other)
Address 306 1/2 Jefferson Date signed 7/17/47

8

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.....

J. A. Steen

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

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.