

FILED NOV 7 1947

Registration District No. **318**

Primary Registration District No. **1003**

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:
enroute to City Hospital #1 3
(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) **5 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 **1426 Cass Avenue**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **HARRY R. HALL**
3. (b) If veteran, **Nil**
3. (c) Social Security No. **Unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **October** day **20th**
year **1947** hour **5** minute **40 P** M.

4. Sex: **M** **0** **5. Color or race:** **W**
6. (a) Single, widowed, married, divorced: **M**
6. (b) Name of husband or wife: **Armintha**
6. (c) Age of husband or wife if alive: **55** years
7. Birth date of deceased: **May 11, 1890**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death: **Edema of brain**
Secondary Congestive Dehydration
Duration _____

8. AGE: Years **57** Months **0** Days **9**
If less than one day hr. _____ min. _____

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

9. Birthplace: **Benton, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Freight Handler**

11. Industry or business: **Railroad**

12. Name: **George A. Hall**

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: **Raymond Hall**
(b) Address: **1328 No. 20th Street**

17. (a) Burial **(b) Date thereof: 10-23-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **East Prairie, Mo.**

18. (a) Signature of funeral director: **Albert H. Hoppe**
(b) Address: **4700 Washington Bl.**

19. (a) Date received local registrar: **OCT 21 1947**
(b) Registrar's signature: **J. F. Bredek**

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause of death which 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? _____
(Specify type of injury) _____
23. Signature: **Arthur E. DeWald** (M. D. or other)
Address: **Deputy Coroner** Date signed **10/21/47**

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

MOTHER FATHER

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.....

C. W. Cooper

Licensed Embalmer No.....

3830

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.