S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

35793

State File No.

FILED NOV 3 1947

Registration District No. hist. 78081 318

Primary Registration District No. 1003

Registrar's No. 9751

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS? Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LOUIS CITY HOSPITAL #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether

In this community years, months or days) S.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4055 Concordia 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN HALL

3. (b) If veteran, name war ---

3. (c) Social Security No. ----

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Hilda A.

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June (Month) 4th, (Day) 1871 (Year)

8. AGE: Years 76 Months 4 Days 14 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name William Hall
13. Birthplace Dyer, Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) (State or foreign country) 9

16. (a) Informant Viola Eilers

(b) Address 4022 So. Grand

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10/21/47 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Wacker-Helderle Und & Riv Co

(b) Address 3634 Gravois Ave, St. Louis

19. (c) OCT 21 1947 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th year 1947 hour 1:35 minute P M.

21. I hereby certify that I attended the deceased from 10-1-47, 19, to 10-18-47, 19; that I last saw him alive on 10-18-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death PNEUMONIA, LEFT LOWER LOBE, ORGANISM UNDETERMINED AND THROMBOSIS OF RIGHT LENTICULOSTRIATE ARTERY

Due to ARTERIOSCLEROSIS, CEREBRAL

Other conditions (include pregnancy within 3 months of death) 108

Major findings:
Of operations

Of autopsy Performed, not yet reported

Duration

PHYSICIAN

Underline the cause of 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

23. Signature Warren B. Mills (M. D. or other)

Address 1515 Lafayette Date signed 10-20-47

Warren B. Mills

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. _____

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.