

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

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

FILED DEC 31 1947  
Registration District No. 377

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Mary's Hospital  
(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)

3. (a) PRINT FULL NAME Ronald Lee Hall

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased November 25 1947  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>24</u>	..... hr. .... min.

9. Birthplace Richmond Heights Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

12. Name Henry Hall

13. Birthplace Williamsville Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Toenges

15. Birthplace East St. Louis Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Hall

(b) Address 5060 Delmar

17. (a) Burial (b) Date thereof 12-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd

19. (a) 12-20-47 (b) Carl E. Hartman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5060 Delmar  
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19  
year 47 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec 15, 1947  
to Dec 19, 1947

that I last saw him alive on Dec 18, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Typhemia

Due to Acute hemorrhagic nephritis Duration 7 days

Due to 130

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy Hemorrhagic Kidneys

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 C. R. Hammit (M. D. or other) M.D.

Address Mo. Sherten Pkwy St. Louis Date signed 12/19/47

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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.....

*W. Wilkerson*

Licensed Embalmer No.....

3575

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.