

S. No. 2
-12-45
5-17-39
P I X47070

State File No. **43754**
Registrar's No. **2712**

FILED DEC 31 1947

Registration District No. **377**

Primary Registration District No. **3064**

Registrar's No. **2712**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
14 So. Florissant Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Ferguson
(If outside city or town limits, write "RURAL")

(d) Street No. 14 So. Florissant Rd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Taylor R. Hall

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26,
year 1947 hour 9 minute 30 P.M.

4. Sex M 5. Color or race White

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

6. (b) Name of husband or wife Grace Hixon Hall 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased August 25, 1882
(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.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>4</u>	<u>1</u>	_____ hr. _____ min.

Immediate cause of death fracture of skull with concomitant brain trauma suffered after falling to floor in living room of his home.

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

10. Usual occupation Restaurant Owner

Due to 1960

Other conditions 18
(Include pregnancy within 3 months of death)

11. Industry or business Restaurant

12. Name Joseph Hall 9

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

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy same

16. (a) Informant Grace Hall

(b) Address Ferguson, Missouri

17. (a) Burial (b) Date thereof Dec. 29, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec. 26, 1947

Where did injury occur? Ferguson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Mo.

19. (a) 2-29-47 Beirg...
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

Means of injury Blunt impact

23. Signature Arnold J. Willmann 3
Address Clayton, Mo. Date signed 12/29/47

JAN 6 1948

JAN 8 1948

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 L. M. White

Licensed Embalmer No. 2973

P. O. Address Ferguson, Mo.

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.