S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 10 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

43804

State File No. .....

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2729

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 months 29 Days (Specify whether years, months or days)
In this community: 4 months 29 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Charles
(c) City or town: St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No.: 142 N. Main Street
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country: -

3. (a) PRINT FULL NAME: HALL, William E.
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: -
6. (c) Age of husband or wife if alive: - years
7. Birth date of deceased: July (Month) 4 (Day) 1887 (Year)

8. AGE: Years 60 | Months 5 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace: Kingman, Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation: Fitter
11. Industry or business:

MOTHER FATHER
12. Name: Sylvester Hall
13. Birthplace: Missouri
(City, town, or county) (State or foreign country)
14. Maiden name: Lulabelle Gibson
15. Birthplace: Wayne County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Registrar
(b) Address: Jefferson Barracks, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Silex, Mo.
18. (a) Signature of funeral director: Albert H. Hoppe Fu. Home
(b) Address: 4700 Washington, St. Louis, Mo.
19. (a) 12-30-47 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: December day: 29 year: 1947 hour: 1:28 minute: P. M.

21. I hereby certify that I attended the deceased from July 30 th, 1947, to December 29, 1947; that I last saw him alive on December 29, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CARCINOMA OF BRONCHUS	unknown
Due to: -	
Due to: -	
Other conditions: - (Include pregnancy within 3 months of death)	
Major findings: Of operations: -	
Of autopsy: No Autopsy performed	

47c

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): None
(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: 0

23. Signature: L. E. Stilwell (M. D.)
Address: Jefferson Barracks, Mo. Date signed: 12/30/47

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 John S Kennedy

Licensed Embalmer No. 4194

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.