. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

6433

State File No.

FILED FEB 20 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1300

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: Homer G. Phillips 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)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 1018 N Compton 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) NAME OF DECEDENT FULL NAME Burrell Hall

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex M 2

5. Color or race Negro

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

6. (b) Name of husband or wife Mrs Estella Hall

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec. 24, 1871 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	0	7	hr. min.

9. Birthplace Montsellar Arkansas (City, town, or county) (State or foreign country)

10. Usual occupation Upholster Helper

11. Industry or business

FATHER
12. Name Gus Hall
13. Birthplace South Carolina (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Leonard
15. Birthplace Atlanta Georgia (City, town, or county) (State or foreign country)

16. (a) Informant Mr Charles Hall
(b) Address 2605 Gamble st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bennie Love
(b) Address 3103 Washington

19. (a) FEB 7 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1948 hour 12 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan. 30, 1948, to Jan. 31, 1948; that I last saw him alive on Jan. 31, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Arteriosclerosis	Undet.
Due to:	
Due to:	
Other conditions: Hydronephrosis (Include pregnancy within 3 months of death)	Undet.
Major findings: Of operations	
Of autopsy Yes	

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 0

(f) Signature Oscar L. Daniels (M. D. or other)

Address 2601 N Whittier Date signed 2/3/48

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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.