

S. No. 3906
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **10232**
Registrar's No. **3070**

Registration District No. **318** Primary Registration District No. **1003**

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 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community.....
years, months or days

3. (a) PRINT FULL NAME Augustine Hall

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 3 5. Color or race Col

6. (a) Single, widowed, married, 2 divorced widowed

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased April 3 1908
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>39</u>	<u>11</u>	<u>25</u>	hr. _____ min.

9. Birthplace St Louis Missouri D
(City, town, or county) (State or foreign country)

10. Usual occupation School Teacher

11. Industry or business.....

MOTHER FATHER

12. Name Joseph Habb

13. Birthplace No D
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Early

15. Birthplace No D
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Habb

(b) Address 4227 Washington Ave

17. (a) Burial (b) Date thereof 3/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director Heumen Smith

(b) Address 4247 W habadvie Ave

19. (a) MAR 30 1948 J. F. Braseak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 4327 Washington D
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1948 hour 10 minute 25 a. m.

21. I hereby certify that I attended the deceased from March 26, 1948 to March 28, 1948
that I last saw h. ER alive on March 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Meningitis - Prob. Staphylococcic

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy No

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 D

23. Signature Dr. Oscar Smith (M. D. or other)
Address 2601 N Whittier Date signed 3/29/48

Duration Undet.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Lawrence C. Hodson
Licensed Embalmer No. 4341
P. O. Address St. Louis, Missouri

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.