No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 23 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14151
Registrar's No. 3533

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: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Union 999
(c) City or town Cobden 11
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. RFD #1 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Elmer G. Hall
3. (b) If veteran, name war World War II
3. (c) Social Security No. 332-03-254
4. Sex Male d
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 28 (Day) 1902 (Year)
8. AGE: Years 45 Months 7 Days 13 If less than one day hr. min.
9. Birthplace Jonesboro (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name George Hall
13. Birthplace Salvia Co Ill (City, town, or county) (State or foreign country) 1
MOTHER 14. Maiden name Emma Edwards
15. Birthplace Salvia Co, Ill (City, town, or county) (State or foreign country) 1
16. (a) Informant Mrs Laura Cooper
(b) Address Cobden Ill
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Cobden, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) APR 13 1948 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1948 hour 12 minute 40 A.M.
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.

Immediate cause of death Pneumonia Hemorrhage 2 Cirrhosis of Liver 30
Due to Alcoholism
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
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? (Specify type of place) 2
While at work? (e) Means of injury
23. Signature Patrick E. Taylor Dep Cor (M. D. or other)
Address 1300 Clark Date signed 4-13-48

(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 Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address St. Louis, 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.