

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **14153**
Registrar's No. **3928**

FILED MAY 7 1948
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:
7123 Vermont ave. B
(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..... **Missouri** (b) County..... **St. Louis**
(c) City or town..... **Lemay**
(If outside city or town limits, write "RURAL")
(d) Street No. **1516 Telegraph Rd.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Walter Hall**
3. (b) If veteran, name war..... **WW-1**
3. (c) Social Security No. **499-12-2888**
4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife..... **Myrtle Hall**
6. (c) Age of husband or wife if alive..... **46** years
7. Birth date of deceased..... **May 27 1896**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 10 28 hr. min.

9. Birthplace..... **Washington Co. Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Carpenter**

11. Industry or business.....
12. Name **Robert Hall**
13. Birthplace..... **England**
(City, town, or county) (State or foreign country)
14. Maiden name **Georgia Quillian**
15. Birthplace..... **Potosi Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Myrtle Hall**
(b) Address **1516 Telegraph Rd. Lemay 23, Mo.**
17. (a) **Burial** (b) Date thereof **April 28-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Hope Cem.**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
(b) Address **7814 S. Broadway**
19. (a) **ADD 2 4 28 48** (b) **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **25**
year **1948** hour **2** minute **30 P. M.**
21. I hereby certify that I attended the deceased from **Jan 1940**
to **April 25 1948**
that I last saw him alive on **April 25 1948**
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death.....
Coronary Thrombosis
Due to..... **Artery occlusion**
Due to..... **slow but Angina Pectoris**
Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations..... **none**
Of autopsy..... **none**
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..... **April**
(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?.....
place?.....
Specify type of place)
While at work?..... (e) Means of injury.....
23. Signature..... **J. F. Brebeck** (M. D. or other) **MD**
Address..... **3606 Grand Ave** Date signed **4-26-48**

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

MOTHER FATHER

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

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.