

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED AUG 28 1948MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27767

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7404

## 1. PLACE OF DEATH:

- (a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital  
(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)

3. (a) PRINT FULL NAME Mash Carl Hale

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Late Emma E. Hale 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 4th 1871  
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Phelps County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Park Dept Emp.

11. Industry or business City Of St. Louis

12. Name Alexander Hale  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophia Hayes  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Harrison Hale  
(b) Address 3855 Labadie Ave.  
17. (a) Burial (b) Date thereof 8-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Adams Cem. Rolla, Mo.

18. (a) Signature of funeral director Kriegshauser Und.  
(b) Address 4228 So. Kingshighway Blvd.  
19. (a) AUG 24 1948 (b) J. F. Brodeur  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Good  
(c) City or town 3855 Labadie St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10 (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23  
year 1948 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 31, 1948 to August 23, 1948  
that I last saw him alive on August 23, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 wk

Due to Carcinoma of left kidney  
with metastases to bone and lungs.

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy As above.

## 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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. C. Bradley (M. D. or other) 0  
Address Barnes Hospital, Date signed 8/23/48

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**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..... *Richard W. Stovesand* .....

Licensed Embalmer No..... *4007* .....

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.**