No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1948

Registration District No. 349

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 31641

Registrar's No. 2008

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 81 days (Specify whether years, months or days)
In this community: 7 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 4398 Olive (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: HALL, Alfred
3. (b) If veteran, name war: WW-II
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: Col.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Louise Halle
6. (c) Age of husband or wife if alive: 23 years
7. Birth date of deceased: May (Month) 3 (Day) 1921 (Year)

8. AGE: Years	Months	Days	If less than one day
27	4	3	hr. min.

9. Birthplace: Prattsville, Alabama (City, town, or county) (State or foreign country)
10. Usual occupation: none
11. Industry or business: —
12. Name (Father): Unknown
13. Birthplace (Father): Unknown (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Unknown
15. Birthplace (Mother): Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar - VAH
(b) Address: Jefferson Barracks, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9/8/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Montgomery, Ala.
18. (a) Signature of funeral director: Gates Fun. Home
(b) Address: 4107 Finney, St. Louis, Mo
19. (a) 9-8-48 (Date received local registrar) (b) Cecil A. Z. Sharp M.D. (B.H.) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: September day: 6 year: 1948 hour: 7:07 minute: a. M.

21. I hereby certify that I attended the deceased from June 17, 1948 to September 6, 1948; that I last saw him alive on September 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: ACUTE MYOCARDITIS WITH CARDIAC DILATATION	Unk
Due to:	
Due to: 93a	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: none
Of autopsy: None

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): no
(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:

23. Signature: E. D. WALL, Chief, Med. Serv. (M. D.)
Address: VAH, Jeff. Brks., Mo. Date signed: 9/7/48

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 John K. Cunningham, Registered Apprentice No. _____, working under my personal supervision.

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.