

No. 300  
10-47  
5-17-39  
P 1 3905

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
STANDARD CERTIFICATE OF DEATH  
1003

38188  
State File No. 9991  
Registrar's No.

FILED DEC 2 1948  
Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Homer G Phillips Hospital  
(d) Length of stay: In hospital or institution 2 mo. 3 das  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 4564 Newberry Ir.  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3: (a) PRINT FULL NAME Odell Hall  
3. (b) If veteran, name war  
3. (c) Social Security No. 430-05-0322

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 15  
year 1948 hour 7 minute 40 a m.

4. Sex male  
5. Color or race Col  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased July 6th 1920

21. I hereby certify that I attended the deceased from Sept. 18 1948 to Nov. 15 1948  
that I last saw him alive on Nov. 15 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 28 Months 4 Days 9  
If less than one day hr. min.

Immediate cause of death Hodgkins Disease  
Duration Undet.  
Due to  
Due to

9. Birthplace Forest City Ark  
10. Usual occupation Labor

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

11. Industry or business  
12. Name Wallie Hall  
13. Birthplace Parkin Ark  
14. Maiden name Annie Matthews  
15. Birthplace New Port Ark

Major findings: Of operations  
Of autopsy None  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Annie Hobbs  
(b) Address Des Arc Ark  
17. (a) Removal (b) Date thereof 11-18-1948  
(c) Place: burial or cremation Des Arc Ark

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director J. B. Daniel & Son  
(b) Address 3133 Bell Ave  
19. (a) NOV 18 1948 (b) J. B. Daniel (Registrar's signature)

While at work? Means of injury  
23. Signature Oscar L Daniels (M. D. or other)  
Address 2601 N Whittier Date signed 11/15/48

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

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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 S. J. Whitson

Licensed Embalmer No. 269 P

P. O. Address 2769 Cherokee

**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.**