No. 300
10.48

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6886

State File No. .....

BIRTH NO. ____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 315

1. PLACE OF DEATH
a. COUNTY St. Louis County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (in this place) 1 Mo 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis O

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Overland
d. STREET ADDRESS (If rural, give location) 3616 Calvert

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) W.
c. (Last) Hall

4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 49

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 2-20-86
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St Louis Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME John W. Hall
13b. MOTHER'S MAIDEN NAME Fannie Leisure
14. NAME OF HUSBAND OR WIFE Helen Niederschmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 494-22-9857
17. INFORMANT'S SIGNATURE OR NAME ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio-vasc. disease

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ? arteriolar nephrosclerosis
~~DUE TO (c)~~ A150 ① Cerebral thrombosis, right
② Empyema, left

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 443A
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 13160 (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 3, 1949, *to* Feb 9, 1949, *that I last saw the deceased alive on* Feb. 9, 1949, *and that death occurred at* 5:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE R. R. Cohle (Degree or title) M.D.
23b. ADDRESS 601 So. Brentwood, Clayton (5)
23c. DATE SIGNED 2-9-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-11-49
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St. Louis (State)

DATE REC'D BY LOCAL REG. 2/9/49
REGISTRAR'S SIGNATURE Thurnd C Lunnger M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Collier Funeral Home
ADDRESS 10123 St. Charles

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____, Student Embalmer No. _____, working under my personal supervision.

Student ..... Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles

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.