

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

2548

State File No. _____
 Registrar's No. **408**

FILED JAN 26 1950

BIRTH NO. 27408-49 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2109</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillip Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>10 2927 Lambdin Ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sandra</u> b. (Middle) <u>Hall</u> c. (Last) <u>Hall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 11 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	8. DATE OF BIRTH <u>May 31, 1949</u>
9. AGE (In years last birthday) <u>7</u>		IF UNDER 1 YEAR Months <u>7</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Null</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St, Louis Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>0</u>		13a. FATHER'S NAME <u>Dock Hall</u>	
13b. MOTHER'S MAIDEN NAME <u>Jessie Mae Allen</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Mae Hall 2927 Lam</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Dock Hall</u>		ADDRESS <u>2927 Lambdin Ave</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary Oedema, Contus.</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <u>Flash Burns (part thickness of face ears forehead legs + feet) Suffered when all stove exploded due to fire house at 2927 Lambdin Ave. on Jan. 11 1950 damage to Building \$100.00 contents \$25.00</u>		II. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>Accident</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>St Louis Mo</u> (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY <u>Jan 11-50</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>8 9/16 0</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:40 P. m.</u> , from the causes and on the date stated above. <u>16</u>	
23a. SIGNATURE <u>Patric L. Taylor, Cor 3</u> (Degree or title)		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>1-14-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>0</u>	
24b. DATE <u>1/16/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>	
24d. LOCATION (City, town, or county) (State) <u>Kirkwood Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman J. Smith</u> ADDRESS <u>4247/2 Labadie Ave</u>	
DATE REC'D BY LOCAL REG. <u>JAN 14 1950</u>		REGISTRAR'S SIGNATURE <u>LB Lester</u>	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lawrence Edvardson

Licensed Embalmer No. 4341

P. O. Address 1907 Goode

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.

It has been