

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21580

FILED JUN 17 1950

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5107

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs</u>		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4623a Page Blvd.</u>		d. STREET ADDRESS (If rural, give location) <u>4623a Page Blvd.</u>	
3. NAME OF DECEASED a. (First) <u>Benson</u>		b. (Middle) <u>Richard</u>	
c. (Last) <u>Hall, Sr.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 7, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 11, 1879</u>
9. AGE (In years last birthday) <u>71</u>		10. UNDER 1 YEAR Months Days Hours Min	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Porter</u>	
11. BIRTHPLACE (State or foreign country) <u>Ga.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Laura A. Prince</u>	
14. NAME OF HUSBAND OR WIFE <u>Alberta Hall</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>709-12-3041</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alberta Hall 4623a Page Blvd.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Rheumatism</u> DUE TO (b) _____ DUE TO (c) _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>411K</u>		22. I hereby certify that I attended the deceased from <u>Jan 17, 1950</u> to <u>June 8, 1950</u> , that I last saw the deceased alive on <u>June 7, 1950</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Samuel R. Stafford</u> (Degree or title)		23b. ADDRESS <u>9257th Jefferson</u>	
23c. DATE SIGNED <u>6-9-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>6/13/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		DATE REC'D BY, LOCAL REG. <u>JUN 10 1950</u>	
REGISTRAR'S SIGNATURE <u>J.B. Kasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russell Und. Co. 2732 Pine Blvd.</u>	

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 *Blank Young*

Licensed Embalmer No. *3371*

P. O. Address *St. Louis*

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.