

FILED JUL 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 21581

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5620

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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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 22.59	
d. FULL NAME OF HOSPITAL OR INSTITUTION Corydon 900 - 14th Street		d. STREET ADDRESS (If rural, give location) 9230 N. 14th Street	
3. NAME OF DECEASED a. (First) Mr John (Type or Print)		b. (Middle) Henry	c. (Last) Hall
4. DATE OF DEATH (Month) (Day) (Year) 6 24 50	5. SEX M. 2	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated 1
8. DATE OF BIRTH 7-5-1914	9. AGE (In years less than 1 year) 36	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad work	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Spartenburg S. C. 1	12. CITIZEN OF WHAT COUNTRY? U. S. A	13a. FATHER'S NAME Robert Hall	13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Irine Hall	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 24828-3561	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS George Avery 4 Nevill Court Mouthaugloss Park S. C.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Congestion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Hypertrophy DUE TO (c) Acute Alcoholism 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 checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21f. HOW DID INJURY OCCUR? 322.0	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 5:30 A M., from the causes and on the date stated above.	23a. SIGNATURE (Degree or title) J. B. Sasater 3	23b. ADDRESS 1300 Clark
23c. DATE SIGNED 6/28/50	24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 6-28-50	24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Gus Howe	25. FUNERAL DIRECTOR'S ADDRESS 2930 Dickson St	DATE REC'D BY LOCAL REG. JUN 28 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Arthur L. Healliard

Signed
Student Embalmer

Licensed Embalmer No. *4221*

P. O. Address

4049 St Judenand

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.