

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25518

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3069		Registrar's No. 1820	
1. PLACE OF DEATH a. COUNTY StLouis				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Illinois b. COUNTY Williamson			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Richmond Heights township)			c. LENGTH OF STAY (In this place) 12 days	c. CITY (If outside corporate limits, write RURAL and give township) Herrin Illinois		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION StMarys Hospital				d. STREET ADDRESS (If rural, give location) RFD Box 218			
3. NAME OF DECEASED (Type or Print) a. (First) Arnold		b. (Middle) DEAN		c. (Last) Hall		4. DATE OF DEATH (Month) (Day) (Year) 7-28-1950	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED never married		8. DATE OF BIRTH Oct. 27, 1946		9. AGE (In years last birthday) 3 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) nil		10b. KIND OF BUSINESS OR INDUSTRY child		11. BIRTHPLACE (State or foreign country) Ill		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Arnold Hall, OPAL			13b. MOTHER'S MAIDEN NAME LEVELYN BAKER		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no; or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Arnold Hall		ADDRESS Herrin Ill	
18. CAUSE OF DEATH: Enter only one cause per (a), (b), and (c) congenital heart disease		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congenital heart disease				INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease or by complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. 7544				7544	
		19a. DATE OF OPERATION 7-29-50		19b. MAJOR FINDINGS OF OPERATION congenital heart disease		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 7-11 , 19 50 to 7-28 , 19 50 , that I last saw the deceased alive on 7-28 , 19 50 , and that death occurred at 12 m., from the causes and on the date stated above.							
23a. SIGNATURE Thomas X. Rich, M.D. (Degree or title)				23b. ADDRESS 1114 Oak Pl		23c. DATE SIGNED 7-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-30-1950		24c. NAME OF CEMETERY OR CREMATORY Herrin Ill		24d. LOCATION (City, town, or county) (State) Herrin	
DATE REC'D BY LOCAL REG. 7-30-50		REGISTRAR'S SIGNATURE Robert L. Donkey, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. ADDRESS 4101 Madison Ave. St. Louis 10, Mo.			

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

4805

congenital heart disease

AUG 25 1968

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 Ronald J. Yalunke

Licensed Embalmer No. 3917

P. O. Address St Louis 10 Mo

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Illinois }
County of } ss.

State File No. 25518
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 20th day of August, 1950, before me appears.....

....., who, upon oath, states that the original record of ~~birth~~ death
for Ronald Dean Bell died 7-28, 1950, in the State of
~~MISSOURI~~ MISSOURI and which was filed at Clayton on 7-50-, 1950 should be corrected as follows:

Item No. 3 should read Ronald Dean Hall

Instead of Arnold Hall

Item No. 13a should read Opal Hall

Instead of Arnold Hall

Item No. 17 should read Opal Hall

Instead of Arnold Hall

Item No. should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant. Opal Hall FATHER
Relationship.

R. #1 Box 218 HERRIN, ILL.
Present Address.

Subscribed and sworn to before me this 21st day of August, 1950.

My Commission expires March 8, 1953. J.P. Adams Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.