

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42316
11153
Registrar's No.

BIRTH NO. 83464-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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 OR TOWN Saint Louis		c. LENGTH OF STAY (In this place) 1 Hour		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2129					
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital				d. STREET ADDRESS (If rural, give location) 5038 Raymond Avenue 0					
3. NAME OF DECEASED (Type or Print) a. (First) Gene b. (Middle) c. (Last) Hall			4. DATE OF DEATH (Month) (Day) (Year) Dec. 27th, 1950						
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant (Single)	8. DATE OF BIRTH December 3rd, 1950		9. AGE (In years last birthday) 0	10. UNDER 1 YEAR 0	11. UNDER 24 HOURS 24		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Carl Hall		13b. MOTHER'S MAIDEN NAME Mary Ann Grafeman		14. NAME OF HUSBAND OR WIFE -----					
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 ADDRESS Carl Hall, 5038 Raymond Avenue					
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) <i>Tuberculosis</i> 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.				INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
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) <i>X</i>		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? <i>500X</i>					
22. I hereby certify that I attended the deceased from <i>12-26, 1950</i> , to <i>12-27, 1950</i> , that I last saw the deceased alive on <i>12-26, 1950</i> , and that death occurred at <i>4:30A</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>J. B. Feutz</i> (Degree or title)				23b. ADDRESS <i>2517 N. Grand</i>		23c. DATE SIGNED <i>12-27-50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <i>11</i>		24b. DATE <i>12/28/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>				
DATE REC'D BY LOCAL REG. <i>DEC 28 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Feutz</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Calvin F. Feutz, 4828 Natural Bridge Blvd.</i>					

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Ralph E. Lynders

Signed.....
Student Embalmer

Licensed Embalmer No. *4275*

P. O. Address *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.