

14164

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAY 12 1951

REG. DIST. NO. **318**PRIMARY REG. DIST. **1003**Registrar's No. **4083**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. <b>1003</b>		Registrar's No. <b>4083</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3726 Cook Ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) _____ c. (Last) <b>Hall</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 29 1951</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>August 29 1889</b>		9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Foundry</b>		11. BIRTHPLACE (State or foreign country) <b>Warren County Ky.</b>		12. CITIZEN OF WHAT COUNTRY? <b>/</b>	
13a. FATHER'S NAME <b>Tony Hall</b>		13b. MOTHER'S MAIDEN NAME <b>Octavia Palmar</b>		14. NAME OF HUSBAND OR WIFE <b>Dead</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Vance</b> ADDRESS <b>3726 Cook ave</b>			
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						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Right Cerebral Thrombosis</b>						<b>Undet.</b>
	ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Undetermined</b>						
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) (Min.) <b>4-30-51 2:50a</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>222X</b>			
22. I hereby certify that I attended the deceased from <b>4-14</b> , 19 <b>51</b> , to <b>4-30</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>4-30</b> , 19 <b>51</b> , and that death occurred at <b>2:50a</b> m., from the causes and on the date stated above.							
22a. SIGNATURE <b>Alvin J. Hampson</b> (Degree or title) <b>M. D.</b>				23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>4-30-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/3/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County</b>		
DATE REC'D BY LOCAL REG. <b>MAY 1 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C.W. Roberts</b> ADDRESS <b>1416 N. Taylor ave</b>			

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.....

*Annie E. Roberts*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4439

P. O. Address 1416 N. Taylor av

**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.