

FILED SEP 1 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28297

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7486**

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) BENTON, ILL 8120	
c. LENGTH OF STAY (In this place) 2 wks		d. STREET ADDRESS (If rural, give location) 211 West 5th 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOACNESS HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) _____ c. (Last) HALL		4. DATE OF DEATH (Month) (Day) (Year) Aug 20 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 29, 1877
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER	11. BIRTHPLACE (State or foreign country) INDIANA
12. CITIZEN OF WHAT COUNTRY? U.S.A		13. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME George Hall	13b. MOTHER'S MAIDEN NAME Molly HARRIS	14. NAME OF HUSBAND OR WIFE EMMA HALL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 342-05-9742	17. INFORMANT'S SIGNATURE OR NAME Emma Hall, Benton, Ill	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		18. ADDRESS Benton, Ill	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 2 years	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		? Abdominal neoplasm, etc undet.	
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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200

22. I hereby certify that I attended the deceased from **aug 7**, 19**51**, to **aug 20**, 19**51**, that I last saw the deceased alive on **aug. 19**, 19**51**, and that death occurred at **10:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert C. Kuegeland M.D.	23b. ADDRESS 31 North Brentwood Clayton, Mo	23c. DATE SIGNED 8-21-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug 22, 1951	24c. NAME OF CEMETERY OR CREMATORY M & T. O. O. F Cemetery
24d. LOCATION (City, town, or county) (State) BENTON ILL		

DATE REC'D BY LOCAL REG. AUG 22 1951	REGISTRAR'S SIGNATURE J. Paul Smith, M.D. K.P.	25. FUNERAL DIRECTOR'S SIGNATURE Bull-Campbell Mortuary	ADDRESS 4215 Lindell
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Embalmer
H. Buntin

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Lee P Campbell*

Licensed Embalmer No. *3881*

P. O. Address *Harris (S) 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.