

FILED APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15170

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6026 Registrar's No. 1043

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vinita Park
c. LENGTH OF STAY (in this place) 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION 8322 Garfield Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vinita Park
d. STREET ADDRESS (If rural, give location) 8322 Garfield Ave.

3. NAME OF DECEASED
a. (First) Harry b. (Middle) Hugo c. (Last) Hall

4. DATE OF DEATH (Month) (Day) (Year)
4 19 1952

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
5/13/87

9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months 10 Days 26 IF UNDER 2 HRS. Hours 1 Mts. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Maintenance man

10b. KIND OF BUSINESS OR INDUSTRY
St. L. Co. Water

11. BIRTHPLACE (State or foreign country)
Co. Chesterfield, Ill.

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Joseph Hall

13b. MOTHER'S MAIDEN NAME
? Payne

14. NAME OF HUSBAND OR WIFE
Adelaide Reineke 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.
359-24-4885

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Adelaide R. Hall

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Ch. Cirrhosis of liver
ANTECEDENT CAUSES: hypertrophic
Morbidity 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
2 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
5810

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1952, to 4/19/52, 1952, that I last saw the deceased alive on 4/19/52, 1952, and that death occurred at 1:50 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Francis M. D.

23b. ADDRESS
4114w West Florissant Ave.

23c. DATE SIGNED
4/19/52

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
4/21/52

24c. NAME OF CEMETERY OR CREMATORY
Kemper

24d. LOCATION (City, town, or county) (State)
Kemper, Ill.

DATE REC'D BY LOCAL REG.
4-20-52

REGISTRAR'S SIGNATURE
Herbert R. Donke

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Ambruster Mortuary 6633 Clayton Road

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

4000

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.....

Ernest W. Gillars

Licensed Embalmer No. *4080*

Signed.....
Student Embalmer

P. O. Address.....

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.