

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JUN 6 1952

18061
 State File No. 1003
 Registrar's No. 4419

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|---|--------------------|---|---|--|---|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 4419 | |
| 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 township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place or township) 3 days | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2129 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Jewish Hospital | | | | d. STREET ADDRESS (If rural, give location) 12 Avalon Hotel 339 N. Taylor | | | |
| 3. NAME OF DECEASED (Type or Print) HARRIET | | | a. (First) | b. (Middle) | c. (Last) HALL | 4. DATE OF DEATH (Month) (Day) (Year) May 12, 1952 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single | 8. DATE OF BIRTH Jan. 1862 | 9. AGE (In years last birthday) 90 | IF UNDER 1 YEAR Months | IF UNDER 12 HRS. Hours | IF UNDER 1 MIN. Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | 10b. KIND OF BUSINESS OR INDUSTRY --- | | 11. BIRTHPLACE (City and State or Foreign Country) Carthage, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Dr. Geo. W. Hall | | | 13b. MOTHER'S MAIDEN NAME Mary McQuary | | 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 Edith M. Hall, Carthage, Ill. ADDRESS | | | |
| 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* (a) Cerebro-Vascular Accident | | | INTERVAL BETWEEN ONSET AND DEATH 5 days |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) Generalized Arteriosclerosis | | 16 years | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death | | | | DUE TO (c) | | | |
| 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NO WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 331X | | | |
| 22. I hereby certify that I attended the deceased from 5/5 1952, to 5/12 1952, that I last saw the deceased alive on 5/12 1952, and that death occurred at 9:40 m., from the causes and on the date stated above. | | | | | | | |
| 22a. SIGNATURE H. Keff (Degree or title) M.D. | | | | 22b. ADDRESS 457 N. Kingshighway | | 22c. DATE SIGNED 5/12/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 5/13/52 | 24c. NAME OF CEMETERY OR CREMATORY | | 24d. LOCATION (City, town, or county) (State) Carthage, Illinois | | |
| DATE REC'D BY LOCAL REG. MAY 12 1952 | | REGISTRAR'S SIGNATURE Carl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons, 6175 Delmar | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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

Signature *J. S. McCulloch*

Licensed Embalmer No. 2760

P. O. Address 4170 Pellmar

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.