.S. No. 300
ev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 6 1952

State File No. 25853

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 7001

1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 0
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DePaul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St Louis 4137
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jennings 13 1
d. STREET ADDRESS (If rural, give location): 9204 Halls Ferry Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): P.
c. (Last): HALE

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

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2

8. DATE OF BIRTH: Jan. 11, 1893

9. AGE (In years last birthday): 59 | IF UNDER 1 YEAR: Months: | Days: | IF UNDER 24 HRS.: Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk-Buxton&Skinner Stat'y.Co.

10b. KIND OF BUSINESS OR INDUSTRY: St. Louis, Mo.

11. BIRTHPLACE (State or foreign country): 0

12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: John Hale

13b. MOTHER'S MAIDEN NAME: Mary Sweeney

14. NAME OF HUSBAND OR WIFE: Late Hermione Hale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Sadie Gerst
ADDRESS: 9204 Halls Ferry

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 7yrs

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.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

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) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: 4200

22. *I hereby certify that I attended the deceased from* 7-17, 1952, *to* 7-19, 1952, *that I last saw the deceased alive on* 7-19, 1952 *and that death occurred at* 10:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wayne O. Sorla
(Degree or title): MD
23b. ADDRESS: 2739 No. Grand
23c. DATE SIGNED: 7-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0

24b. DATE: July 23, 1952

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: JUL 21 1952

REGISTRAR'S SIGNATURE: J. Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: Kriegshauser
ADDRESS: 4228 S.Kingshighway Bl.

E.P. (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

Signed William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 S. Kingshighway

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.