S. No. 300
v. 10.48

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

FILED JAN 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3168

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0127

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 2wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo Ill
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hillsboro 8120
d. STREET ADDRESS (If rural, give location): 8 Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): E.
c. (Last): Hall

4. DATE OF DEATH (Month) (Day) (Year): Jan. 4, 1953

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 4, 1876
9. AGE (In years last birthday): 76yrs
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): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Elevator Opp.
11. BIRTHPLACE (City and State or Foreign Country): Hillsboro, Ill
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Hal. H. Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Hal H. Hall
ADDRESS: 1440 Queeny Ave Rt.3 E.St.L

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) Cancer of Urinary bladder

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 10/2/52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Bladde
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? 181X

22. *I hereby certify that I attended the deceased from* 9/30/52, 19___, *to* 1/4/, 19 53, *that I last saw the deceased alive on* 1/3/53, 19___, *and that death occurred at* 6A m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. M. Cromley M.D.
(Degree or title)
23b. ADDRESS: 462 No. Taylor
23c. DATE SIGNED: 1/5/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 6, 1953
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
24d. LOCATION (City, town, or county) (State): Hillsboro, Ill

DATE REC'D BY LOCAL REG.: JAN 6 1953
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
M.B.
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Bass Funeral Home Hillsboro, Ill.
(Licensed Embalmer's Statement on Reverse Side)

Dr Lawrence Cronberg
416 N Taylor
Fr 4711
2:30

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 O. E. Bass

Licensed Embalmer No. 2675

P. O. Address Hillsboro Ill

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.