

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

7600

State File No. _____
Registrar's No. **1796**

No. 300
10-48

FILED MAR 17 1953

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 1796		
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 Saint Louis			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2149				
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony				d. STREET ADDRESS (If rural, give location) 14 4963 Winona						
3. NAME OF DECEASED (Type or Print) a. (First) Frank			b. (Middle) Nathan			c. (Last) Hall			4. DATE OF DEATH (Month) (Day) (Year) 2 14 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH September 25, 1890		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice President			10b. KIND OF BUSINESS OR INDUSTRY Fed. Res. Bank of St. Louis			11. BIRTHPLACE (City and State or Foreign Country) Corning N Y			12. CITIZEN OF WHAT COUNTRY? 1	
13a. FATHER'S NAME Benjamin Rush Hall			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Catherine Hall				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 490 36 0835		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Catherine Hall 4963 Winona St. Louis, Mo						
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						INTERVAL BETWEEN ONSET AND DEATH		
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction Caused by Rupture of Aorta						3 1/2 15 1/2		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary of Liver								
		DUE TO (c) Diabetes Mellitus								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes										
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260X						
22. I hereby certify that I attended the deceased from Jan 1952 , to Feb 14, 1953 , that I last saw the deceased alive on 2/17, 1953 , and that death occurred at 10 A.M. , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) W. J. Slaw				23b. ADDRESS 506 Olive St				23c. DATE SIGNED 2/10/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-17-1953		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery St Louis, Missouri		24d. LOCATION (City, town, or county) (State) _____				
DATE REC'D BY LOCAL REG. FEB 16 1953		REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER COLONIAL MORTUARY 6164 Chippewa St. St. Louis, Missouri						

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

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 *Harry J. Schumaker*

Licensed Embalmer No. *2679*

P. O. Address *2814 S. Broadway*

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.