

STANDARD CERTIFICATE OF DEATH

State File No. **11642**

FILED MAR 31 1953

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2841**

1. PLACE OF DEATH **CITY INFIRMARY**
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **MO**
b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **St. Louis Mo**

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN **St. Louis Mo 2069**

d. FULL NAME OF HOSPITAL OR INSTITUTION **City Infirmary Hospital**

d. STREET ADDRESS (If rural, give location)
6 4904 PALM ST.

3. NAME OF DECEASED
(Type or Print) **Emma**
a. (First) b. (Middle) c. (Last) **Hall**

4. DATE OF DEATH (Month) (Day) (Year)
3 14 53

5. SEX **Female**

6. COLOR OR RACE **White**

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

8. DATE OF BIRTH **SEPT. 23, 1869**

9. AGE (In years last birthday) **83**
IF UNDER 1 YEAR Months **5** Days **19**
IF UNDER 1 HR. Hours **1** Min.

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)
LOUISIANA MISSOURI

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
? Lamburth

13b. MOTHER'S MAIDEN NAME
Unknown

14. NAME OF HUSBAND OR WIFE
JOHN 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.
NONE

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
FRED AUBURN 4904 PALM ST

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) **Arteriosclerotic Heart Disease**
ANTECEDENT CAUSES **Generalized arteriosclerosis**
DUE TO (a)
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
years
years

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)

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 **1/30** ¹⁹ **53** to **3/14**, 19 **53** that I last saw the deceased alive on **3/14**, 19 **53** and that death occurred at **9:25** p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Eng. Baker M.D.

23b. ADDRESS
5600 Arsenal

23c. DATE SIGNED
3/15/53

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

24b. DATE
MAR 16 1953

24c. NAME OF CEMETERY OR CREMATORY
MEMORIAL PARK CEM.

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

DATE REC'D BY LOCAL REG.
MAR 16 1953

REGISTRAR'S SIGNATURE
J. Earl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
G.H. Brooklage 6536 Clayton St.

WRITE PLAINLY—USING UNFADING 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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

J. H. Booklage
6536 Clayton Rd.

Licensed Embalmer No.

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.