S. No. 300
v. 10.48

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

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30024

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7294

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO.,
c. LENGTH OF STAY (in this place) 54 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) #5219 DELMAR BLV'D.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI.
b. COUNTY
c. CITY OR TOWN ST. LOUIS,
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) #5219 DELMAR BLV'D.,

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIS
b. (Middle)
c. (Last) HALL.

4. DATE OF DEATH (Month) (Day) (Year) JULY 27, 1953.

5. SEX MALE.
6. COLOR OR RACE WHITE.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED.
8. DATE OF BIRTH JAN'Y 27, 1857.
9. AGE (In years last birthday) 96.
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) PHYSICIAN.. RETIRED MEDICAL..
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) PIQUA, OHIO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM P. HALL.
13b. MOTHER'S MAIDEN NAME ANN WARD.
14. NAME OF HUSBAND OR WIFE EMMA G. HALL.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.
(If yes, give war or dates of service) NO.
16. SOCIAL SECURITY NO. NONE.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS MISS ANITA W. HALL, 5219 DELMAR BLV'D.,

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) Infirmities of age — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

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? 794X

22. *I hereby certify that I attended the deceased from* _____, 1948, *to* July 27, 1953, *that I last saw the deceased alive on* July 25, 1953 *and that death occurred at* 1A m., *from the causes and on the date stated above.*

23a. SIGNATURE George W. Allen M.D. (Degree or title)
23b. ADDRESS 3720 Washington Blvd
23c. DATE SIGNED 7-27-53

24a. BURIAL, CREMATION, REMOVAL. (Specify) REMOVAL..
24b. DATE 7/29/53.
24c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY.
24d. LOCATION (City, town, or county) (State) KIRKWOOD, MISSOURI.

DATE REC'D BY LOCAL REG. JUL 27 1953
REGISTRAR'S SIGNATURE J. Carl Smith MD
MDB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R.LUPTON & SONS, 7233 DELMAR BLV'D.,

(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 embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence H. Murra

Licensed Embalmer No. 4011

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.