

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45611

State File No. 12017
Registrar's No.

FILED JAN 19 1954

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Mo. Baptist Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>12 5097 Washington Ave. 2129</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>ROSE</u> | a. (First) | b. (Middle) | c. (Last) <u>VON HALL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18 1953</u> |
|---|------------|-------------|---------------------------|---|

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|----------------------|-------------------------------|--|--------------------------------------|---|--|--|------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u> | 8. DATE OF BIRTH <u>May 27, 1897</u> | 9. AGE (In years last birthday) <u>56</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Film Inspector-Metro Goldman Mayer</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? |
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| 13a. FATHER'S NAME <u>Anton Von Hall</u> | 13b. MOTHER'S MAIDEN NAME <u>Ann Schlitt</u> | 14. NAME OF HUSBAND OR WIFE <u>William Keller</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>490-01-1952</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Klein</u> | ADDRESS <u>4112 Haven Ave.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> | | DUE TO (b) <u>Hypertensive cardio vascular disease</u> | | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>4201</u> |
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22. I hereby certify that I attended the deceased from July 1953, to 12/18 1953, that I last saw the deceased alive on 12/18 1953, and that death occurred at 9:05 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | 23b. ADDRESS <u>812 Olive, St. Louis, Mo</u> | 23c. DATE SIGNED <u>12/21/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec. 22, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>S/S Peter & Paul Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>DEC 21 1953</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u> |
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *5281*

P. O. Address *5228 S. Kings*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above..