

FILED APR 21 1955

STANDARD CERTIFICATE OF DEATH

State File No. 14159

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>542</u>		Registrar's No. <u>825</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>		c. LENGTH OF STAY (In this place) <u>9 Mo.</u>		c. CITY OR TOWN <u>Ferguson</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>524 N. Clay Ave.</u>				e. STREET ADDRESS (If rural, give location) <u>524 N. Clay Ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Philip</u> b. (Middle) <u>Howard</u> c. (Last) <u>Hall</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 9, 1955.</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Mar. 25, 1953</u>		
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Nihil</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>---NONE---</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>West Hollywood Calif.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Morris P. Hall</u>			13b. MOTHER'S MAIDEN NAME <u>Georgia B. Bing</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Morris P. Hall, Ferguson, Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute asthma, bronchial</u>					<u>48 hrs.</u>	
		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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>241X</u>					20. AUTOPSY YES <input checked="" 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) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>4-8, 1955</u> , to <u>4-9, 1955</u> , that I last saw the deceased alive on <u>4-8, 1955</u> , and that death occurred at <u>5 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>John B. Sutphin, M.D.</u>				23b. ADDRESS <u>Ferguson 21, Mo.</u>		23c. DATE SIGNED <u>4-11-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/11/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hall Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Athens, Ill.</u>		
DATE REC'D BY LOCAL REG. <u>4/11/55</u>		REGISTRAR'S SIGNATURE <u>Rebecca R. Tomberlin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Chapel, Ferguson, Mo.</u>		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Eleanor Prince*

Licensed Embalmer No. *3403*

P. O. Address *Jennings*

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.