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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42131
10802

FILED JAN 6 1956

State File No.

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

1. PLACE OF DEATH 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	c. LENGTH OF STAY (in this place) 1 month	c. CITY OR TOWN St. Louis	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 St. Lukes Hospital		e. STREET ADDRESS (If rural, give location) 5 6048 Cates Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Virginia b. (Middle) Adeline c. (Last) Hairl			4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1955			
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 4, 1908	9. AGE (In years last birthday) 47 yrs	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Clark, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME (Unknown) Smith		13b. MOTHER'S MAIDEN NAME Annabess Adams		14. NAME OF HUSBAND OR WIFE George Hairl		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes, WWI		16. SOCIAL SECURITY NO. 499-24-5439		17. INFORMANT'S SIGNATURE OR NAME Mr. George Hairl		ADDRESS 6048 Cates Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 39 1/2 hours
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post operative Hemorrhage		DUPLICATE (b) Bleeding ulcer in Duodenal Diverticulum			DUPLICATE (c) congenital - Has bled at times for 2 yrs.
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Resection Duodenal Diverticulum			

19a. DATE OF OPERATION 12/7/55		19b. MAJOR FINDINGS OF OPERATION adhesions - Retro peritoneal Diverticulum Duodenum			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 541.0	

22. I hereby certify that I attended the deceased from **12/5/55**, 19**55**, to **12/8**, 19**55**, that I last saw the deceased alive on **12/8/55**, 19**55**, and that death occurred at **11:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. U. Masten M.D.		(Degree or title)		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 12/9/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec. 12, 1955	24c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks Natl. Cem. St. Louis Co., Mo.		24d. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. DEC 9 1955		REGISTRAR'S SIGNATURE J. Paul Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons 6175 Delmar		ADDRESS
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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 *Melvin L. Kempf*

Licensed Embalmer No. *411*

P. O. Address *3505 Da
St. Louis 20,*

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.