

FILED APR 3 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10807

State File No. 2976  
Registrar's No. 2976

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN 41811 Normandy	
c. LENGTH OF STAY (In this place) D.O.A.		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 Missouri Baptist Hospital		e. STREET ADDRESS (If rural, give location) 19 Bellerive Acres	
3. NAME OF DECEASED (Type or Print) a. (First) Levi b. (Middle) P c. (Last) Hall			4. DATE OF DEATH (Month) (Day) (Year) March 22 1956
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH June 3, 1888
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker	11. BIRTHPLACE (City and State or Foreign Country) Hannibal, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY (Retired)	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Mason J. Hall		13b. MOTHER'S MAIDEN NAME Sally Hancock	14. NAME OF HUSBAND OR WIFE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 494-07-7742	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Raymond Leach, #19 Bellerive Acres
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Myocardial Infarction ANTECEDENT CAUSES Morbid conditions arising rise to the above cause (b) stating the underlying cause last. Arteriosclerotic & hypertensive. DUE TO (c) Heart dis. with chr. congestive heart failure 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. congestive heart failure	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200 4201	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 3-21-56	
22. I hereby certify that I attended the deceased from 6-5, 1953, to 3-21, 1956, that I last saw the deceased alive on 5-13, 1955, and that death occurred at 12:20 A.M., from the causes and on the date stated above.			
23a. SIGNATURE 5-12-55 Robt. W. Elliott (Degree or title) M.D.		23b. ADDRESS 401 Eligan Bldg. 401 Eligan Bldg, Alton, Ill.	23c. DATE SIGNED 3-22-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-24-1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
DATE REC'D BY LOCAL REG. MAR 23 1956		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Ave	

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 *Walter G. Burnley* .....  
Licensed Embalmer No. *14* .....

P. O. Address *St. Louis* .....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.