

S. No. 300
V. 10.48

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28474**
Registrar's No. **7706**

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

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town) **ST. LOUIS MO** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **3345 OREGON** e. STREET ADDRESS (If rural, give location) **3345 OREGON**

3. NAME OF DECEASED (Type or Print)
a. (First) **HUGH** b. (Middle) **E** c. (Last) **HALL SR.** **4. DATE OF DEATH** (Month) (Day) (Year) **AUG. 18 1956**

5. SEX **MALE** **6. COLOR OR RACE** **WHITE** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **MARRIED** **8. DATE OF BIRTH** **JAN. 12 1877** **9. AGE** (In years last birthday) **79** **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) **RETIRED PAINTER** **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (City and State or Foreign Country) **MISSOURI** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

13a. FATHER'S NAME **HALL** **13b. MOTHER'S MAIDEN NAME** **UNKNOWN** **14. NAME OF HUSBAND OR WIFE** **UNK.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **YES** **16. SOCIAL SECURITY NO.** **490-07-1891A** **17. INFORMANT'S SIGNATURE OR NAME** **EMMA EICKHORST** **ADDRESS** **3340 OHIO**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
18. MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arterio Sclerotic Heart Disease**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES **Disease**
DUE TO (b) _____
DUE TO (c) **Arterio Sclerosis**
II. OTHER SIGNIFICANT CONDITIONS **INTERNAL BETWEEN ONSET AND DEATH**
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)** **420-0**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **23b. ADDRESS** **23c. DATE SIGNED**

24a. BURIAL, CREMATION, REMOVAL (Specify) **24b. DATE** **24c. NAME OF CEMETERY OR CREMATORY** **24d. LOCATION (City, town, or county) (State)**

DATE REC'D BY LOCAL REG. **AUG 20 1956** **REGISTRAR'S SIGNATURE** **J. Carl Smith M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **Thomas Kuter** **ADDRESS:** **2906 Harris**

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.....
Thomas C. Rife

Licensed Embalmer No. *4347*

P. O. Address *2906 Do*

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.