

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29397

FILED SEP 5 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 341 Registrar's No. 2017

1. PLACE OF DEATH a. COUNTY St. Louis		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) Clayton		c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Kirkwood ^{4713/1}
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.		e. STREET ADDRESS (If rural, give location) 230 W. Rose Hill	

3. NAME OF DECEASED (Type or Print)	a. (First) George	b. (Middle) W.	c. (Last) Hall	4. DATE OF DEATH (Month) (Day) (Year) 8 23 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 19, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Unemployed	11. BIRTHPLACE (City and State or Foreign Country) Tennessee	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Andrew Jackson Hall	13b. MOTHER'S MAIDEN NAME Mary Ellen Schwichgood	14. NAME OF HUSBAND OR WIFE Elizabeth Hall
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Hall, 230 W. Rose Hill
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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		INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Colon		UNKNOWN	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?
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22. I hereby certify that I attended the deceased from 8-22, 1956 to 8-23, 1956, that I last saw the deceased alive on 8-23, 1956, and that death occurred at 11:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Helber	23b. ADDRESS Clayton, Mo. 601 S. Brentwood	23c. DATE SIGNED 8-24-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8/26/56	24c. NAME OF CEMETERY OR CREMATORY Kitchen Cemetery	24d. LOCATION (City, town, or county) (State) Dent County, Mo.
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DATE REC'D BY LOCAL REG. 8-25-56	REGISTRAR'S SIGNATURE Herbert R. ...	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pfizinger Mortuary, Kirkwood, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATE OF MISSOURI
DEPARTMENT OF HEALTH

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.....
Demetrius Hoffmann

Licensed Embalmer No. 436

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

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.