

FILED NOV 28 1956

STANDARD CERTIFICATE OF DEATH

39444

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9983**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>California</b> b. COUNTY <b>Los Angeles</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>St. Louis,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Arcadia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>			Length of stay in 1b <b>DOA</b>	d. STREET ADDRESS (If outside, give location) <b>9546 Duarte Road</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>V.</b> Last <b>Hall</b>				4. DATE OF DEATH Month <b>Oct.</b> Day <b>31</b> Year <b>1956</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 4, 1899</b>		9. AGE (In years last birthday) <b>56</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Salisbury Co.</b>		11. BIRTHPLACE (City and state or country) <b>Pittsburgh, Pa.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Walter G. Hall</b>				14. MOTHER'S MAIDEN NAME <b>Unknown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>W. W. # 1 183-20-4907</b>		17. INFORMANT Address <b>Walter D. Hall, 8712 Wendon,</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Subdural Hematoma; suffered</b> DUE TO (b) <b>when deceased fell and struck</b> DUE TO (c) <b>his head on dresser in his</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>room at Hotel Statler</b>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>on October 31st, 1956. Crash</b>				
20c. TIME OF INJURY Hour <b>10 31</b> Month, Day, Year <b>56</b> a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Hotel</b>
20f. CITY, TOWN, OR LOCATION <b>St Louis Mo</b>			COUNTY <b>45</b>		STATE		
21. Attended the deceased from <b>1042 A</b> to <b>800</b> and last saw her/him alive on <b>10/31/56</b> Death occurred at <b>1042 A</b> m on the day stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deputy only) <b>Joseph M. [Signature]</b>				22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>10/1/56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11-1-56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>		23d. LOCATION (City, town, or county) (State) <b>Alhambra, California,</b>		
24. FUNERAL DIRECTOR <b>Albert H. Hoppe 4700 Washington,</b>			ADDRESS		25. DATE RECD. BY LOCAL REG. <b>NOV 1 1956</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert M. Murray*  
.....

Licensed Embalmer No.....

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.