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1-56

Health, Welfare, Public Service

300
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

Coroner, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

FILED MAY 24 1957

STANDARD CERTIFICATE OF DEATH

1003

STATE FILE NUMBER

18743

3589

Registration District No. 318 Primary Registration District No. 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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital			Length of stay in lb	d. STREET ADDRESS 1435 Franklin Ave.			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Almon Middle Joseph Last Hall				4. DATE OF DEATH Month 4 Day 13 Year 57			
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 2, 1887		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yardman - Ret.			10b. KIND OF BUSINESS OR INDUSTRY Estate	11. BIRTHPLACE (City and state or country) Rock Hill, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William A. Hall				14. MOTHER'S MAIDEN NAME Lucy Rood			
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. 490-14-4910A		17. INFORMANT Mrs. Sophia Harral Hildebrand Address 2724 Sulphur Ave.			
18. CAUSE OF DEATH [Enter only one cause per line (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subdural Hematoma</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH E902.0 21	
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.) <i>Suffered in fall over banister to floor in home on March 21 1957.</i>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. <i>Mar 21 5:21 1957.</i>	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 building, etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION <i>St Louis Mo</i>		STATE
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at <i>2:55 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Wm. C. ...</i> (Degree or title)				22b. ADDRESS <i>1300 Olive</i>		22c. DATE SIGNED <i>APR 1 1957</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>4/17/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cem.</i>		23d. LOCATION (City, town, or county) <i>St. Louis County Mo.</i>		(State)	
24. FUNERAL DIRECTOR <i>Drehmann-Harral</i> ADDRESS <i>1905 Union</i>			25. DATE RECD. BY LOCAL REG. <i>APR 15 '57</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, Mo</i>		

(Licensed Embalmer's Statement on Reverse Side)

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.....

Warren A. Carr

Licensed Embalmer No. *39*

P. O. Address

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.