

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007294  
State File No. ....

FILED MAR 10 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1421**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>	
c. LENGTH OF STAY (In this place) <b>3-hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>8009 Delmar Blvd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>		4376	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>Edward</b>			b. (Middle) <b>Polkowski</b>		
c. (Last) <b>HALL</b>			2 5 58		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9-2-82</b>	9. AGE (In years last birthday) <b>75</b>	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pres. Nanson Comm. Co.</b>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>George H. Hall</b>		13b. MOTHER'S MAIDEN NAME <b>Noemie Tesson</b>		14. NAME OF HUSBAND OR WIFE <b>Eleanor Aull Hall</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>490-01-8272</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Eleanore A. Hall</b>	
(If yes, give war or dates of service)				ADDRESS <b>8009 Delmar Blvd.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>				<b>4 hours</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) <b>Coronary arteriosclerosis</b>		<b>10 years</b>	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Dec 8, 1946, to present, 19    , that I last saw the deceased alive on 2-5, 1958, and that death occurred at 12:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert C. Kingsland</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>14 Forsyth Walk, Clayton 5, Mo.</b>		23c. DATE SIGNED <b>2-5-58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 8, 1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>FEB 7 58</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		FEDERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>	
				ADDRESS <b>3840 Lindell Blvd.</b>	

(I, Robert C. Kingsland, State of Missouri, do hereby certify that the above is a true and correct copy of the original as filed in my office.)

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 .....  
Student Embalmer

Signed Donald Williamson

Licensed Embalmer No. 3565

P. O. Address 3845 Lindell

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 this body is not embalmed, fact should be so stated above.