

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 6 2 6 2

FILED VS. DEC 21 1959 317

Registration District No. 546 Primary Registration District No. 3249

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland		Length of stay in 1b 15 yrs		c. CITY OR TOWN Overland		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10000 Lackland			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 10000 Lackland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Joseph Middle F Last Hall				4. DATE OF DEATH Month Dec Day 4 Year 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/9/1917		9. AGE (last birthday) 42		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter			10b. KIND OF BUSINESS OR INDUSTRY Aircraft			11. BIRTHPLACE (City and state or country) St Louis Mo			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Joseph Hall				13b. MOTHER'S MAIDEN NAME do not know				14. NAME OF HUSBAND OR WIFE Alice Hall					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W 2			16. SOCIAL SECURITY NO. 491-14-9488		17. INFORMANT Address Alice Hall 10000 Lackland Overland Mo								
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary fibrosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic pulmonary disease DUE TO (c) Chronic Bronchitis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema.										INTERVAL BETWEEN ONSET AND DEATH 3 years			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT <input 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.)							
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
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.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE		
21. I attended the deceased from 1955 , to death , and last saw him alive on 1 month ago . Death occurred at 6:05 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Bernard DeHout M.D.						22b. ADDRESS 950 Francis Clayton 5 Mo				22c. DATE SIGNED Dec 5-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/7/1959		23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery				23d. LOCATION (City, town, or county) (State) Florissant Mo					
24. FUNERAL DIRECTOR ADDRESS Ortmann F Home 9222 Lackland Overland Mo				25. DATE RECD. BY LOCAL REG. 12-6-59				26. REGISTRAR'S SIGNATURE John G. Humphrey M.D.					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 16 1960

STATEMENT BY LICENSED EMBALMER MAR 4 1960

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

Student _____
Signature of Student Embalmer

Signed Al C Ostmann

Licensed Embalmer No. 3478

P. O. Address _____

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.