

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004050

FILED VS FEB 14 1961

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 581 Registrar's No. 364

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD-READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

AUG

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>University City</u>		Length of stay in 1b	c. CITY OR TOWN <u>University City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7156 Watermen</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7156 Watermen</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>S</u> Last <u>HALL</u>			4. DATE OF DEATH Month <u>2</u> Day <u>5</u> Year <u>61</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/23/1875</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>12</u> Hours <u></u> Mln. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>attorney</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>law</u>	11. BIRTHPLACE (City and state or country) <u>Arcola, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S./A.</u>	
13a. FATHER'S NAME <u>JOHN Hall</u>		13b. MOTHER'S MAIDEN NAME <u>CARRIE BOND</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Hall</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		7. INFORMANT <u>Minnie Hall</u>		Address <u>7156 Watermen</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> <u>Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>11-45-1955</u> to <u>1961</u> and last saw him alive on <u>Feb 7 1961</u> Death occurred at <u>11-45-1955</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Ralph V. Deselmar MD</u>			22b. ADDRESS <u>57 Maryland Plaza</u>		22c. DATE SIGNED <u>5 Feb 1961</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>2/7/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arcola City Cemetery</u>	23d. LOCATION (City, town, or county) <u>S. Arcola, Illinois</u>		
24. FUNERAL DIRECTOR <u>C.R. Lupton and sons</u>		ADDRESS <u>7233 Delmar Blvd</u>	25. DATE RECD. BY LOCAL REG. <u>2-6-61</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.