

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-025753

STATE FILE NUMBER

AMENDED **FILED AUG 2 1961** Registration District No. 162 Primary Registration District No. 5594 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY JEFFERSON		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 RURAL - MEARNEC		Length of stay in 1b 61 DAYS	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 St. Josephs Hosp Infirmary		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4402 McPherson Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ROBERT Middle Goff Last HALL			4. DATE OF DEATH Month JULY Day 26 Year 1961		
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/24/1869	9. AGE (last birthday) 92	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Physician		11. BIRTHPLACE (City and state or country) Missouri	
10c. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Wesley C. Hall		13b. MOTHER'S MAIDEN NAME MARY Holt		14. NAME OF HUSBAND OR WIFE KOLA E. SCHMIDT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war and dates of service SPANISH WAR - World War I			17. INFORMANT Ch. Rob. St. Josephs Hosp Infirmary Address Corona		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1 day
IMMEDIATE CAUSE (a) Bronchopneumonia		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) generalized arteriosclerosis with	
	DUE TO (c) marked cerebral and cardiovascular involvement.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus.		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 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 May 25th 01 to 7/20/61 and last saw him alive on 7/20/1961 . Death occurred at 6:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE Patrick B. Hogan (Degree or title)		22b. ADDRESS 2623 Telegraph Rd Lemay		22c. DATE SIGNED 7/26/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-26-1961	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Bell Funeral Home - Pacific, Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 7-26-61	26. REGISTRAR'S SIGNATURE Robert E. Bauer	

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

1981 91W SA

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 Byron J. Bell, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Byron J. Bell

Licensed Embalmer No. 4977

P. O. Address 709 West Union -

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.