

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046368
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12246

AMENDED

FILED JAN 5 1962

1. PLACE OF DEATH a. COUNTY		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 St. Louis		Length of stay in 1b 9 Months	c. CITY OR TOWN Webster Groves
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 9645 Big Bend
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Etta Hurell Hale			4. DATE OF DEATH Month Day Year December 26 1961			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 5, 1875	9. AGE (last birthday) 86 yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		10b. KIND OF BUSINESS OR INDUSTRY Angelica Jacket Co.		11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James Hurell		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Michael Hale		
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.		17. INFORMANT Glenn Collins 5935 Lucille		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Broncho Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>9 da.</i>	
Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.	DUE TO (b) <i>Arteriosclerotic Heart disease</i>		<i>chr.</i>
	DUE TO (c) <i>Arteriosclerotic vascular disease</i>		"

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Carcinoma of the Colon (clear)</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>450.0 H</i>
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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
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21. I attended the deceased from <i>Nov 15 1961</i> to <i>Dec 26 1961</i> and last saw her alive on <i>Dec 25 1961</i> . Death occurred at <i>4:20 PM</i> on <i>Dec. 26-61</i> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <i>Dr. Hebeberg M.D.</i>	22b. ADDRESS <i>Webster Groves Mo</i>	22c. DATE SIGNED <i>12/28/61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE <i>Dec 29, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) St. Louis	(State) Mo.
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24. FUNERAL DIRECTOR Alexander & Sons	ADDRESS 6175 Delmar Blvd.	25. DATE RECD. BY LOCAL REG. DEC 28 1961	26. REGISTRAR'S SIGNATURE <i>Loed Smith, M.D.</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

Dr. Seabough

105 W Lockwood

WO L-5002 Res. YO 5-4840

3 P.M.

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 J. Allen Rawls

Licensed Embalmer No. 4053

P. O. Address He 26-19

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.