WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3102

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 697

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. 4101A West Florissant Ave. St. ..... Ward)

2. FULL NAME Charles W. Hall

(a) Residence. No. 4101A West Florissant Ave. Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Annie Hall

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 25, 1869

7. AGE: Years 57 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Druggist
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Yorktown Texas

PARENTS
10. NAME OF FATHER: Charles Hall
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Caroline Riedel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Annie Hall
(Address) 4101A West Florissant Ave

15. FILED JAN 20 1927 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 18 1927

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1924, to Jan. 18th, 1927, that I last saw him alive on Jan. 18th, 1927, and that death occurred, on the date stated above, at 3:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Disease of the Heart

(duration) 3 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Pernicious Anaemia

(duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 900

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Usual Test

(Signed) Goldburn H. Wilson, M. D

Jan 18, 1927 (Address) 2504 N. 14th St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Friedens
DATE OF BURIAL: Jan. 21 1927

20. UNDERTAKER: Math. Hermann and Son
ADDRESS: 4103 West Florissant Ave