

SEP 25 1940
Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Hospital, #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 Days**
In this community **50 years**
years, months or days

3. (a) PRINT FULL NAME **Roland Hall**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Marie Hall** 6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **Aug. 14, 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	8	18	hr. min.

9. Birthplace **Washington county, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **unemployed 5 years**

11. Industry or business
12. Name **Roland Hall**
13. Birthplace **South Carolina**
(City, town, or county) (State or foreign country)
14. Maiden name **Katherine Cole**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sam Hall**
(b) Address **917 Warren St.**

17. (a) **Burial** (b) Date thereof **8-5-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hopewell, Mo.**

18. (a) Signature of funeral director **Leidner and co.**
(b) Address **2323 St. Louis ave.**

19. (a) **AUG 4 1940** (b) **J. E. Pradeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County.....
(c) City or town **St. Louis** **26**
(If outside city or town limits, write "RURAL.")
(d) Street No. **917 Warren St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **2**,
year **1940** hour **11:05** minute **P.** M.
21. I hereby certify that I attended the deceased from **July 25**, 19**40**, to **August 2**, 19**40**,
that I last saw him alive on **August 2**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis
Diabetes mellitus
Due to
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature **E. J. [Signature]** (M.D. or other)
Address **1515 Lafayette Ave.,** Date signed **8/3/40**

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Homer L. Ponder

Licensed Embalmer No.....

32367

P. O. Address.....

2223 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.