

FILED AUG 28 1941
Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town. ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution:.....
In this community..... 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County.....
(c) City or town. ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 605 CLARA AV.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME LERO. B. HALE

3. (b) If veteran, name war NO. 3. (c) Social Security No. 498-05-4484

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife AGNES HALE 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased JAN 3 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 6 Days 17 If less than one day hr. min.

9. Birthplace ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN

11. Industry or business.....

MOTHER FATHER { 12. Name WILLIAM HALE
13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)
14. Maiden name CHRISTINA UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Hale
(b) Address 605 Clara Av.

17. (a) BURIAL (b) Date thereof JULY 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette Av.
19. (a) JUL 21 1941 (Date received local registrar)
[Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1941 hour 0 4 minute A M.

21. I hereby certify that I attended the deceased from 7-2-1941 to 7-20-1941
that I last saw him alive on 7-19-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart Disease
Due to Disease

Due to.....
Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations [Signature]
Of autopsy [Signature]
PHYSICIAN [Signature]
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) (e) Means of injury.....
23. Signature [Signature] (M. D. or other) D
Address 3604 Washington Date signed.....

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

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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.....

Joseph Bollinger

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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