

S. No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8640

State File No. _____

2391

FILED APR 8 1942
Registration District No. 7791

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. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2927a Eads Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph M. Hale

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month March day 15th
year 1942 hour 12:20 minute A.M. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Fannie Hale

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 9th 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-8, 1933 to 3-14, 1942
that I last saw him alive on 3-14, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>6</u>	<u>6</u>	_____ hr. _____ min.

Immediate cause of death Carcinoma Skin of forehead and left orbit Duration 20 yr

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

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Custodian

11. Industry or business Schoolboard of St. Louis

Major findings:
Of operations as above

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name David Hale

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Williams

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L.J. Baurichter

(b) Address 5139 Minerva Ave.

17. (a) Burial (b) Date thereof 3-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

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? _____

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 16 1942 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

23. Signature Louis J. [unclear] (M.D. or other) _____

Address 2720 Washington Date signed 3/16/42

(Licensed Embalmer's Statement on Reverse Side)

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

11-1
Beaumont Bldg. No 0870

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 *Edwin M. G. Herriott*
Licensed Embalmer No. *3024*
P. O. Address.....

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.