

Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St Louis

(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 Lukes Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)

In this community 2  
years, months or days

**3. (a) PRINT FULL NAME** Dale Lyman 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, single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased Nov 19th-1941  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>0</u>	<u>9</u>	<u>23</u>	hr. min.

9. Birthplace E. St Louis Ills.  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name Dale Hall

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

14. Maiden name Francis Storey

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

16. (a) Informant Mrs. Brent Storey

(b) Address Collinsville, Ills.

17. (a) removal (b) Date thereof Sept 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Collinsville Ills.

18. (a) Signature of funeral director Geo. M. Schroepel

(b) Address Collinsville Ills.

19. (a) SEP 1 1942 (b) J. F. Bredenk  
(Date received by Registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Ills (b) County Madison

(c) City or town Collinsville  
(If outside city or town limits, write "RURAL")

(d) Street No. R 1 Bethel rd  
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)  
If yes, name country 2

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept day 11th  
year 1942 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from 9-4-42  
to 9-11-1942

that I last saw him alive on 9-11-42 and that death occurred on the date and hour stated above.

Immediate cause of death Postoperative Embolus

Due to Operation was partial removal of large venous clot of neck

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Large venous thrombosis of neck

Of operations None done

Of autopsy None done

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) Manner of injury

23. Signature Edward J. Dordick (M. D. or other)  
Address 3730 W. Washington Date signed 9/11/42

**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 me  
..... Registered Apprentice No. ....  
.....  
working under my personal supervision.

Signed

G. M. Schaeffer

Licensed Embalmer No. 1598

P. O. Address Calumville, Mo.

**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.**