

FILED DEC 1 1942

318

Primary Registration District No. 1003

Registrar's No.

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

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. Marys Infirmery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community. 25 years
(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. 4438 Page Blvd.
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country.....

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911

3. (a) PRINT FULL NAME Mollie Hall

3. (b) If veteran, name war -- 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife. Matt Hall 6. (c) Age of husband or wife if alive. 69 years
7. Birth date of deceased December 20th, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 28 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

MOTHER FATHER

12. Name Week Roston
13. Birthplace Unavailable
(City, town, or county) (State or foreign country)
14. Maiden name Hattie Unavailable
15. Birthplace Unavailable
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Lee
(b) Address 3528 Clark Ave.
17. (a) Burial (b) Date thereof 11-24-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) NOV 29 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th.
year 1942 hour 2:45 minute p. M.

21. I hereby certify that I attended the deceased from June 15, 19 42 to November 18, 19 42
that I last saw her or alive on November 18th., 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death. Chr. Myocarditis Duration Unk.

Due to Chr. Nephritis

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) Means of injury.....

23. Signature Alan W. Carter (M. D. or other)
Address 2425a Biddle Street Date signed 11-20-42

STATEMENT BY LICENSED EMBALMER

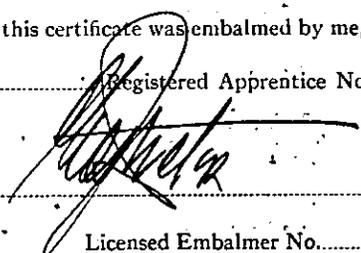
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Chas. J. Gates.....

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **1825**.....

P. O. Address **4107 Finney 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.