S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 29 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33795

Registration District No. 318 | Primary Registration District No. | Registrar's No. 10561

1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)
In this community 38 yrs.

2. USUAL RESIDENCE OF DECEASED: 46
(a) State MISSOURI (b) County ST. LOUIS 9
(c) City or town WEBSTER GROVES 4 N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. 8 OLD WESTBURY LANE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Alfred Herbert Haill
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 M
6. (b) Name of husband or wife EDITH L.
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased APRIL (Month) 3 (Day) 1879 (Year)

8. AGE: Years 63 | Months 8 | Days 13 | If less than one day ___ hr. ___ min.

9. Birthplace LIVERPOOL (City, town, or county) ENGLAND 4 (State or foreign country)
10. Usual occupation BANKER
11. Industry or business BANKING
FATHER
12. Name JOHN HAILL
13. Birthplace (City, town, or county) ENGLAND 4 (State or foreign country)
MOTHER
14. Maiden name ANNIE WILLIAMS
15. Birthplace (City, town, or county) ENGLAND 4 (State or foreign country)
16. (a) Informant PHILIP H. HAILL
(b) Address 8 OLD WESTBURY LANE, WEBSTER GROVES, MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.
19. (a) DEC 16 1942 (Date received local registrar) (b) Jos. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16 year 1942 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from December 3, 1942, to December 16, 1942, that I last saw him alive on December 16, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemomediastinum	
Hemothorax, left	
Due to Rupture of Dissecting Aneurysm of Thoracic Aorta	
Due to Arteriosclerosis, general	
Other conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings: Of operations —
Of autopsy as stated above.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Anne C. Tompkins (M.D. or other)
Address [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Jos. E. McCullough

Licensed Embalmer No. 2460

P. O. Address 6135 Delmar

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.