S. No. 2
OM—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12201

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4039

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

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 16 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson 50

(c) City or town DeSoto N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. Star Route West
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME David Bennett Hale

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha Lucy Herrington

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased 8 ~ 10 - 90
(Month) (Day) (Year)

8. AGE: Years 52 Months 8 Days 16 If less than one day hr. min.

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

10. Usual occupation Dealer in Feed & Cattle

11. Industry or business

FATHER
12. Name Wesley Hale
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eudora Lemon
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Eldon Hale
(b) Address Star Route W DeSoto-Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lone Dell, Mo.

18. (a) Signature of funeral director J Kerr Nothershead
(b) Address DeSoto Mo.

19. (a) APR 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1943 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 10, 1943, to April 26, 1943;
that I last saw him alive on April 26, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Infarction	
Due to Congenital Heart Disease Ventricular septal defect	
Due to Dextraposition of aorta Hypertrophy of rt Ventricle	
Other conditions Dil. Pulmonary artery (Include pregnancy within 3 months of death)	
Pulmonary infarcts	

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature M. C. Abney (M. D. or other)

Address BARNES HOSPITAL Date signed 4/27/43

(Licensed Embalmer's Statement on Reverse Side)

MAY 18 1953

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 J. R. Motherhead

Licensed Embalmer No. 3531

P. O. Address Slater 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.