

FILED FEB 1 1945
1003

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 671

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 106 N. 22nd St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 Yrs.
In this community 45 Yrs.
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis 925
(If outside city or town limits, write "RURAL")
(d) Street No. 106 N. 22nd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Hale
3. (b) If veteran, name war No
3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nancy Hale 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 70 Months _____ Days _____ If less than one day
Abt 70 hr. _____ min.

9. Birthplace Franklin County, Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Building Trade

12. Name Richard Hale

13. Birthplace Franklin County, Va.
(City, town, or county) (State or foreign country)

14. Maiden name Malindia Wright

15. Birthplace Franklin County, Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Steven Howard

(b) Address Roanoke, Va.

17. (a) Burial (b) Date thereof 1 22-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park, Cem.

18. (a) Signature of funeral director People's Ind. Co.

(b) Address 3100 Franklin Avenue

19. (a) JAN 22 1945 (b) J. F. Bradeau
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1944 hour 10:00 AM min. _____ M.

21. I hereby certify that I attended the deceased from Jan 16
1944, to Jan 16, 1944.

that I last saw him alive on Jan 15, 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Duration _____

Due to Myocardial Infarction, Hypertension, Myocarditis

Due to _____

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

Major findings: Dr. St. Thomas Baldwin PHYSICIAN

Of operations 131
Of autopsy _____
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) (e) Means of injury _____

23. Signature Dr. St. Thomas Baldwin (M. D. or other) _____

Address 925 N. Jefferson Ave Date signed 1/19/44

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

MOTHER FATHER

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 *John G. Pettus*
Licensed Embalmer No. *977684*
P. O. Address *St. Louis, 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.