

2  
43  
36671

FILED MAR 27 1944  
Registration District No. **318**

Primary Registration District No. **1003**

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:  
3678 Blaine Avenue /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") **917**

(d) Street No. 3678 Blaine Avenue  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME LOLA HALL ELY

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Charles Edward Ely

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

7. Birth date of deceased 2 17 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>0</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name James / Garrison Hall

13. Birthplace Unknown New York  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Briggs

15. Birthplace Strongville Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eugenia E. Nall

(b) Address 3678 Blaine Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Alexander Sons

(b) Address 6175 Delman Blvd

19. (a) MAR 15 1944 (Date received local registrar) (b) J. F. Brebeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12  
year 1944 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 10, 1941, to Mar 12, 1944  
that I last saw her alive on Mar 11, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease

Due to Arterio Sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 94 a

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration 6 yrs

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)

(c) Means of injury \_\_\_\_\_

23. Signature Whitcomb Hall (M. D. or other) \_\_\_\_\_

Address 1125 Down St Date signed 3/12/44

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

MOTHER FATHER

1 to 3. W A Hall  
1627 Tower Grove.

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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

*Thomas R. Penwick*

Licensed Embalmer No.

*3793*

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.