

S. No. 2
M-543
7. 5-17-39
P I X36671

#233333
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 359
Registrar's No. 1032

FILED FEB 13 1946
318

1003

Registration District No. Primary Registration District No.

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: St. Louis City Hospital-Max O. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 days Memorial
(Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. 000
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1920 Belt Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Harry Hale
3. (b) If veteran. name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 30th
year 1946 hour 8:45 minute P M.
21. I hereby certify that I attended the deceased from 1/25/46
/ 1/30/46, 1946, to 1/30/46, 1946
that I last saw h. im alive on 1/30/46, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased January 18, 1863
(Month) (Day) (Year)

Immediate cause of death Intestinal obstruction
Pericoma of the sigmoid colon
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: Ca of sigmoid colon
1 Of operations.....
Of autopsy.....

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>0</u>	<u>12</u>	hr. min.

9. Birthplace Alton Ills. /
(City, town, or county) (State or foreign country)
10. Usual occupation Structural Iron Worker

11. Industry or business
12. Name Pious Hale
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant Mrs Marie T. Hale
(b) Address 1920 Belt Ave
17. (a) Burial (b) Date thereof 2/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) FEB 1 1946 (Date received local registrar)
J. F. Braddock (Registrar's signature)

23. Signature John Thomas (M. D. or other)
1315 Lafayette (City or town) (State)
Address.....
Date signed 1/30/46

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

2565

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 *William St. Bunkley*

Licensed Embalmer No. *2110*

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.