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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21799**
Registrar's No. **5720**

FILED JUL 31 1946

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether Life)

3. (a) PRINT FULL NAME **FRANK HALL**

3. (b) If veteran, name war no 3. (c) Social Security No. 498-03-8486

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Opal 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased November 18, 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 7 9 ..hr. ..min.

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

10. Usual occupation Maintenance Man

11. Industry or business Candy mfg.

MOTHER FATHER

12. Name Frank Hall

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Stella Russell

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

16. (a) Informant Opal Hall

(b) Address 2201a No. Market Street

17. (a) burial (b) Date thereof 6-29-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Av.

19. (a) JUN 28 1946 (b) J. J. Bredbeck
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 20th
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2201a North Market Street
(If rural, give location) 9
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1946 hour 2:55 minute P M.

21. I hereby certify that I attended the deceased from 6/13/46
....., 19....., to June 27th, 19 46
that I last saw him in alive on June 27th, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death respiratory failure
Due to pulmonary tuberculosis
for advanced
diabetes mellitus
with

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration
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)
(e) Means of injury —
23. Signature Joseph J. Bredbeck M.D.
(M. D. or other)
Address 1515 Lafayette 6/27/46 ned

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

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.....

L R Cooper
Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette Ave

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.