

No. 2
12-45
-17-39
X47070

FILED # SEP 30 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(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 _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Morrellton
(If outside city or town limits, write "RURAL")

Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SUSIE HALE

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Dale Hale

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased Sept 24 1922
(Month) (Day) (Year)

8. AGE: Years 23 Months 11 Days 28
30

If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name William C. Fenton

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

14. Maiden name unknown

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

16. (a) Informant Dale Hale

(b) Address Morrellton, Mo.

17. (a) burial (b) Date thereof 9-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Clair, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address #700 Washington Blvd

19. (a) SEP 24 1946 J. P. Bredeak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd
year 1946 hour 8:53 minute P M.

21. I hereby certify that I attended the deceased from 9/20/46
_____, 19____, to Sept. 22nd, 19 46
that I last saw her _____ alive on Sept. 22nd, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Poliomyelitis acute anterior and encephalic

Duration 5 days

Due to 3 to 4

Other conditions Pregnancy - 7 1/2 months
(Include pregnancy within 3 months of death)

Major findings: Part - Mottled
Of operations Cerebral Section - Fetus still born

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) _____ (Means of injury)

23. Signature Robert L. [unclear] Date signed 9/23/46
Address 1515 Lafayette

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 S. Denne

Licensed Embalmer No.....

4174

P. O. Address.....

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.