

S. No. 2  
-12.45  
5-17-39  
PI X47070  
6 PM 504-1  
96  
00  
C

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 25 1947  
37

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22944  
Registrar's No. 1339

Registration District No. 37

Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Manchester Nursing Home 4  
(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) \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County Macon 999  
(c) City or town Decatur 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 720 N. College 0  
(If rural, give location) 2  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William L. Hall  
3. (b) If veteran, name war No 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Ida Hall 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 31 1858  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 18  
year 1947 hour 8 minute a M.  
21. I hereby certify that I attended the deceased from June 1  
1947 to June 18, 1947  
that I last saw him alive on June 17, 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
88 7 18 hr. min.

Immediate cause of death  
acute cardiac failure sudden  
Due to chr. myocarditis  
Due to Carcinoma of Prostate 18 mo.  
Other conditions (Include pregnancy within 3 months of death) 5/10

9. Birthplace Portsmouth N. Hampshire  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired Printer  
11. Industry or business \_\_\_\_\_  
12. Name Jonathon Hall 9  
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged etiologically.

16. (a) Informant Mrs. R. E. Gerholt  
(b) Address #8 Berry Wood Dr.  
17. (a) Removal (b) Date thereof 6-19-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Decatur, Ill.  
18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) 6-21-47 (b) Carla Thompson  
(Date received local registrar) (Registrar's signature)

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 Carla Thompson (M. D. or other) and  
Address Creve Coeur, Mo. Date signed 6-19-47

JUL 1 1907

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

*Henry M. Drammer*

Licensed Embalmer No. *4200*

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.