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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10233
2905

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County St.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3½ months (Specify whether
In this community 3½ months
years, months or days)

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

3. (a) PRINT FULL NAME Harry P. Hall
3. (b) If veteran, name war World War I
3. (c) Social Security No. 499-01-8884
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Johnson Hall
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased June 15, 1895 (Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Own home
FATHER
12. Name Victor P. Hall
13. Birthplace Sweden (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mathilda Erickson
15. Birthplace Sweden (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Marie Hall
(b) Address 6926 Delmar, St. Louis, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation Gumbo Cem., Gumbo, Mo.
18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.
19. (a) MAR 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1948 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec. 4, 1947 to Mar. 23, 1948 that I last saw him alive on Mar. 23, 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Duodenal bilary fistula following a subtotal gastrectomy for the removal of an old perforated duodenal ulcer.
Due to
Due to
Other conditions Arterial embolic to the left foot
(Include pregnancy within 3 months of death)
Bilateral bronchial pneumonia
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature O. E. Williamson (M. D. or other)
Address 6336 Clayton Road Date signed 3/24/48

(Licensed Embalmer's Statement on Reverse Side)

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 Richard M Bopp, Registered Apprentice No. 23, working under my personal supervision.

Signed Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.