

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**

(a) County.....**St. Louis**  
(b) City or town.....**St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution.....**Children's Hosp. 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....**3 wks.**  
(Specify whether  
In this community.....**3 wks.**  
years, months or days)

3. (a) PRINT FULL NAME **STEPHEN BOYD HALE**  
3. (b) If veteran, name war.....  
3. (c) Social Security No. **No/**

4. Sex.....**Male 0** 5. Color or race.....**White** 6. (a) Single, widowed, married, divorced.....**Single 0**  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased.....**Jan. 4, 1948**  
(Month) (Day) (Year)

8. AGE: Years Months **27** If less than one day  
**0 3 21** hr. min.

9. Birthplace.....**Poplar Bluff, Mo. 0**  
(City, town, or county) (State or foreign country)  
10. Usual occupation.....**None**

11. Industry or business.....  
12. Name.....**Roy Hale**  
13. Birthplace.....**Mo. 0**  
(City, town, or county) (State or foreign country)  
14. Maiden name.....**Lorine Wilfont**  
15. Birthplace.....**Wappapella Mo. 0**  
(City, town, or county) (State or foreign country)  
16. (a) Informant.....**Mrs. Lorine Hale**  
(b) Address.....**Wappapella, Mo.**

17. (a) **Removal** (b) Date thereof.....**5/2/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation.....**Poplar Bluff, Mo. Berger Memorial**  
18. (a) Signature of funeral director.....**4715 McPherson**  
(b) Address.....  
19. (a) **MAY 3 1948** (b) **J. F. Brescok**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State.....**Mo.** (b) County.....**12**  
(c) City or town.....**Poplar Bluff, N**  
(If outside city or town limits, write "RURAL") **7**  
(d) Street No.....**2**  
(If rural, give location) No. **1**  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **May** day **1**  
year.....**1948** hour.....**9** minute.....**30 A.M.**  
21. I hereby certify that I attended the deceased from.....  
**4-13**..... 19**48**, to.....**5-1**..... 19**48**.  
that I last saw h.i.m. alive on.....**5-1**..... 19**48**;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**1) HEPATITIS 2) POSS. PERITONITIS**  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....  
**PHYSICIAN**  
Underline the cause of 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.....**Gilbert B. Foster** (M. D. or other)  
Address.....**Children's Hosp** Date signed.....**5/1/48**

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

MOTHER, FATHER

4158

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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 Lewis Ludwig  
..... Licensed Embalmer No. 4229

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.