

STANDARD CERTIFICATE OF DEATH

State File No. **34205**

FILED OCT 18 1948

318

Primary Registration District No. _____

1003

Registrar's No. **8663**

Registration District No. _____

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
In this community _____
years, months or days

3. (a) PRINT FULL NAME Wesley Hale

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB. 10 1890
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business PUBLIC SERVICE CO.

12. Name MOSE HALE

13. Birthplace WEST POINT MISS. (City, town, or county) (State or foreign country)

14. Maiden name JENNIE WESTBROOK

15. Birthplace WEST POINT MISS. (City, town, or county) (State or foreign country)

16. (a) Informant Margie La Prade

(b) Address 2333 Clark Ave

17. (a) BURIAL (b) Date thereof 10 6 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FATHER DICKSON CEM.

18. (a) Signature of funeral director H. T. Walton

(b) Address 2702 STOPPARD ST.

19. (a) OCT 5 1948 (b) J. B. Foster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1106 O'Fallon (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1
year 1948 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from Sept. 17 48 to October 1 1948
that I last saw him alive on October 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration Undet.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy None

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 Oscar L Daniels (M. D. or D. O.)

Address 2601 N Whittier Date signed 10/1/48

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

MOTHER, FATHER

87610812M

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.