S. No. 300
v. 10.48

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38787

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9855

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis,
d. STREET ADDRESS (If rural, give location): 4568 North Market St.

3. NAME OF DECEASED (Type or Print): a. (First) Nealy b. (Middle) c. (Last) Hale

4. DATE OF DEATH (Month) (Day) (Year): Nov. 11 1949

5. SEX: Male 2

6. COLOR OR RACE: Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 16, 1902

9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 3, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser

10b. KIND OF BUSINESS OR INDUSTRY: Cleaning Company

11. BIRTHPLACE (State or foreign country): Arkadelphia, Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Sammie Hale

13b. MOTHER'S MAIDEN NAME: Callie Stoutenberg

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Norma Jean Carter 4568 N. Market St.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Far Advanced Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Undet.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Prostatic Abscess

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

002X

22. *I hereby certify that I attended the deceased from* 10-27, 1949, *to* 11-11, 1949, *that I last saw the deceased alive on* 11-11, 1949, *and that death occurred at* 9:45 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James T. Hedrick M. D.

23b. ADDRESS: 2601 N Whittier St

23c. DATE SIGNED: 11-14-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 18, 1949

24c. NAME OF CEMETERY OR CREMATORY: Oakdale Cemetery

24d. LOCATION (City, town, or county) (State): Le May, Missouri

DATE REC'D BY LOCAL REG.: NOV 15 1949

REGISTRAR'S SIGNATURE: J B Savater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E. B. Kovnce 1221 N. Grand

(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Clarence Gordano

Licensed Embalmer No. 4755

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.