

FILED SEP 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 31684

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 52778

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
c. LENGTH OF STAY (In this place) <i>7 yrs.</i>		d. STREET ADDRESS (If rural, give location) <i>6624 S. Broadway</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Howler Y. Phillips</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) c. (Last) <i>Hale</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>9 12 50</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>Col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single (N)</i>	8. DATE OF BIRTH <i>8-31-1916</i>
9. AGE (In years last birthday) <i>34</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labor</i>	11. BIRTHPLACE (State or foreign country) <i>Blaine Tenn</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>John Hale Sr.</i>	13b. MOTHER'S MAIDEN NAME <i>Mollie Flyer</i>	14. NAME OF HUSBAND OR WIFE <i>Single</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Mary Gibson 314 Diamond St. Mounds City Ill</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Spinal Anesthesia (Nadocaine)</i> ANTECEDENT CAUSES <i>falling into exploratory operation</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>to derisive etched of stomach</i> DUE TO (c) <i>with knife in front of larynx</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>2938 Market St. about 600 pm Sept 11 1950</i>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>E987X</i>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, (that I last saw the deceased alive on _____, 19____, and that death occurred at <i>100A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Samuel E. Taylor</i> (Degree or title) <i>Coroner</i>		23b. ADDRESS <i>31500 Clark</i>	23c. DATE SIGNED <i>9.14.50.</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>9-15-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mounds City Ill</i>	24d. LOCATION (City, town, or county) (State) <i>Ill.</i>
DATE REC'D BY LOCAL REG. <i>SEP 14 1950</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>GUSLOWE 2930 Dickson St.</i>	

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Arthur L. Hoilliard

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.