S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38571

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9871

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): CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2159
d. STREET ADDRESS (If rural, give location): 4733 MICHIGAN AV.

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): JESSIE
c. (Last): HALE

4. DATE OF DEATH (Month) (Day) (Year): NOV-19-50

5. SEX: M.
6. COLOR OR RACE: W.
7. ~~MARRIED, NEVER MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): W.
8. DATE OF BIRTH: SEPT-20-1887
9. AGE (In years last birthday): 63 YRS. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOILER MAKER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: UNKNOWN HALE
13b. MOTHER'S MAIDEN NAME: JANE UNKNOWN
14. NAME OF HUSBAND ~~OR WIFE~~: CLARA HALE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Walter Hale 4733 Michigan Av.

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) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Hypertrophy
DUE TO (c) Generalized arteriosclerosis

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ 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? 4343

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* 1045A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M. Lewis Deputy Coroner 3
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 11/20/50

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): BURIAL
24b. DATE: NOV-22-50
24c. NAME OF CEMETERY OR CREMATORY: MT. HOPE CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS MO.

DATE REC'D BY LOCAL REG.: NOV 21 1950
REGISTRAR'S SIGNATURE: J. B. Sasaler
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E. J. Schnur 3125 Lafayette Av.

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed [illegible]

Licensed Embalmer No. 4064

P. O. Address 3125 [illegible]

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.