

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **40267**
 Registrar's No. **10189**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 40267		Registrar's No. 10189				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219						
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 21 2700 a Gamble								
3. NAME OF DECEASED (Type or Print) a. (First) Eddie			b. (Middle) Hill		c. (Last) Hale		4. DATE OF DEATH (Month) (Day) (Year) Oct. 31 1952					
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH NOVEMBER 13, 1890		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 2 HRS. Days Hours Min. 61 11 28				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed				10b. KIND OF BUSINESS OR INDUSTRY Private Family		11. BIRTHPLACE (City and State or Foreign Country) West Point, Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13a. FATHER'S NAME Moses Hale			13b. MOTHER'S MAIDEN NAME UNKNOWN Hale			14. NAME OF HUSBAND OR WIFE Alice Hale						
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 Mrs. Mildred Hale 1012 Atchison 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Encephalopathy 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. None						INTERVAL BETWEEN ONSET AND DEATH Undet.				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 334X	
22. I hereby certify that I attended the deceased from 10-17 , 1952, to 10-31 , 1952, that I last saw the deceased alive on 10-31 , 1952, and that death occurred at 9:45 p m. , from the causes and on the date stated above.												
23. SIGNATURE (Degree or title) Edward B. Williams, M. D.						23b. ADDRESS 2601 N Whittier St.			23c. DATE SIGNED 11-3-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE/ Nov. 6, 1952		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery		24d. LOCATION (City, town, or county) (State) LeMay, Missouri						
DATE REC'D BY LOCAL REG. NOV 5 1952		REGISTRAR'S SIGNATURE Charles Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Mrs. B. Koonce			ADDRESS 1221 N. Grand Blvd.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Gepton Swan

Licensed Embalmer No. 4584

P. O. Address 1221 7th Ave

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.