

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6258**
1642
Registrar's No. _____

BIRTH NO. FILED **MAR 8 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Luke's Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granite City	
		d. STREET ADDRESS (If rural, give location) 2831 Edwards	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Thomas	c. (Last) Hall	4. DATE OF DEATH (Month) (Day) (Year) Feb 19 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 16, 1884	9. AGE (In years last birthday) 69	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Dow Chemical Co	11. BIRTHPLACE (City and State or Foreign Country) Carthage, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Harvey Hall	13b. MOTHER'S MAIDEN NAME Hattie Yount	14. NAME OF HUSBAND OR WIFE Mamie K Hall
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#1	16. SOCIAL SECURITY NO. 327-12-1830	17. INFORMANT'S SIGNATURE OR NAME Mamie K. Hall	ADDRESS 2831 Edwards, GC, Ill
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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		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of urinary bladder		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) metastatic changes abd & chest nodes - enlarged DUE TO (c) hypertrophy secondary to obstruction		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1/19/54	19b. MAJOR FINDINGS OF OPERATION Carcinoma urinary bladder	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 181X

22. I hereby certify that I attended the deceased from **10/12, 1952, to 2/19, 1954**, that I last saw the deceased alive on **2/18, 1954**, and that death occurred **2:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl A. Wattenberg M.D.	23b. ADDRESS 3720 Washington Ave	23c. DATE SIGNED 2/19/54
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24a. BURIAL OR CREMATION (Specify) Removal	24b. DATE Feb 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Green Mount Cemetery	24d. LOCATION (City, town, or county) (State) Belleville, Illinois
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DATE REC'D BY LOCAL REG. FEB 19 1954	REGISTRAR'S SIGNATURE Frank Merce	25. FUNERAL DIRECTOR'S SIGNATURE Frank Merce	ADDRESS Granite City, Ill.
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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

Charles E. Mercer

Licensed Embalmer No. *2988*

P. O. Address *Trante City, Ill.*

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.