

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17162**  
Registrar's No. **4331**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4331</b>			
<b>1. PLACE OF DEATH</b> a. COUNTY _____				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>21 1120 No. 19<sup>th</sup> St.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b>			b. (Middle) _____		c. (Last) <b>Hall</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 10, 1954</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 19, 1905</b>		9. AGE (In years last birthday) <b>48</b> IF UNDER 1 YEAR: Months <b>13</b> Days <b>21</b> IF UNDER 12 HRS. Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Frank Hall</b>			13b. MOTHER'S MAIDEN NAME <b>Lena Bird</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Thelma Hull</b>		ADDRESS <b>3826 Page Blvd.</b>			
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.				<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undt</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Reticulum Cell Sarcoma</b>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS <b>Pulmonary Collapse &amp; Congestion</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Hydronephrosis, Pyelonephritis</b>									
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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>200.0</b>					
22. I hereby certify that I attended the deceased from <b>Feb 28, 1954</b> , to <b>May 10, 1954</b> , that I last saw the deceased alive on <b>May 10, 1954</b> , and that death occurred at <b>1:40 am.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>E. B. Williams, M. D.</b>				23b. ADDRESS <b>2601 N Whittier</b>		23c. DATE SIGNED <b>5/10/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5-17-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>MAY 14 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ellis Funeral Home, Inc.</b>		ADDRESS <b>2820 Stoddard</b>			

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

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**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.....  
Signature of Student Embalmer

Signed..... *Fulton E. Cullin*

Licensed Embalmer No. *4198*

P. O. Address *St. Louis*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**