

300  
156

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18741

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **4295**

|   |                               |   |   |   |   |
|---|-------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)<br>a. STATE <b>Missouri</b> , b. COUNTY <b>St. Louis</b>                  |   |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR <b>St. Louis, Missouri</b><br>TOWN  |                               | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | c. CITY OR TOWN <b>Vinita Terrace (14)</b><br><b>4270</b>                     |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Faith Hospital</b>  |                               | Length of stay in lb <b>77 days</b>   |   | d. STREET ADDRESS <b>#8026 Washington</b>                                     |   |
| 3. NAME OF DECEASED (Type or print)<br>First <b>MARY</b> Middle <b>ALEEN</b> Last <b>HALE</b>   |                               |   | 4. DATE OF DEATH <b>May 6 1957</b>              |   |   |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH <b>Jan'y 17 1910</b>   |   |
| 9. AGE (In years last birthday) <b>47</b>   |                               | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HRS.<br>Hours _____ Min. _____      |   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Housewife</b>   |   | 11. BIRTHPLACE (City and state or country)<br><b>Poplar Bluff, Mo.,</b>       | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>     |
| 13. FATHER'S NAME<br><b>John Gilbert</b>  |                               |   | 14. MOTHER'S MAIDEN NAME<br><b>Etta Slieger</b> |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no.</b>  |                               | 16. SOCIAL SECURITY NO.<br><b>490-20-9870</b>   |   | 17. INFORMANT Address<br><b>Fred Hale, 8026 Washington.</b>                   |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Resumt, edvocaiment of onery</b><br>DUE TO (b) <input checked="" type="checkbox"/><br>DUE TO (c) <input checked="" type="checkbox"/><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |                               |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>14 mo.</b> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                               | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |   |   |   |
| 20c. TIME OF INJURY. Hour _____ Month _____ Day _____ Year _____<br>a. m. _____ p. m. _____   |                               |   |   |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                                     |   |
| 21. I attended the deceased from <b>6/1 56</b> to <b>5/6-57</b> and last saw her/him alive on <b>5-5-57</b><br>Death occurred at <b>77A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                               |   |   |   |   |
| 22a. SIGNATURE (In green or blue)<br><b>Jesse J. Pully</b>  |                               |   | 22b. ADDRESS<br><b>430 Holladay</b>             |   | 22c. DATE SIGNED<br><b>5-6-57</b>                 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE<br><b>5/9/1957</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Hiram Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b> |   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>C.R. Lupton &amp; Sons, #7233 Delmar</b>   |                               | 25. DATE RECD. BY LOCAL REG.<br><b>MAY 6 '57</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>J. Carl Smith MD</b><br><b>M.D.</b>           |   |

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 *Clarence H. Murray*

Licensed Embalmer No. ....

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.