

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3937

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St Louis**

(No. **2854**, **Henrietta**)

File No. **7 549**

Registered No. **7 549**

St. Ward)

2. FULL NAME

Aletha C. Haller

(a) Residence. No. St. **823** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 25, 1840**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
88	2	16		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **at Home**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Illinois**
(STATE OR COUNTRY)

10. NAME OF FATHER **John Brewster**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **N. Carolina**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **M. Vance**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **N. Carolina**
(STATE OR COUNTRY)

14. INFORMANT **J. C. Haller**
(Address) **2854, Henrietta**

15. FILED **11, 1929** **Max C. Haller**

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 11 1929**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 26, 1928**, to **Jan 11, 1929** that I last saw her alive on **Jan 3, 1929**, and that death occurred, on the date stated above, at **12:30** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Acute non Tubercular
10 1/2 hrs
57 (duration) yrs. mos. **15** ds.

CONTRIBUTORY (SECONDARY) **Arteriosclerosis**

18. WHERE WAS DISEASE CONTRACTED **990**

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **B. Shoups**, M. D.
1/11, 1929 (Address) **1541 1/2 Jefferson**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Laurel Hill** DATE OF BURIAL **Jan 12, 1929**

20. UNDERTAKER **McCaughlin** ADDRESS **1631 Monroe**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

23
2
2
2

