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

Do not use this space.

13160

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 5156, Cabanne Ave. St. ..... Ward)

File No. .....

Registered No. 3720

2. FULL NAME Edwin S. Hallett

(a) Residence. No. 5156 Cabanne Ave. St., 12 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	66	6	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chief Engineer

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

(c) Name of employer

19

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana

2

PARENTS

10. NAME OF FATHER John M. Hallett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Indiana

2

12. MAIDEN NAME OF MOTHER Louisa Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ?
(STATE OR COUNTRY) Kentucky

2

14. INFORMANT Mrs. Emma K. Hallett
(Address) 5156 Cabanne Ave

15. FILED ..... 19.. Max C. Starkey REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1929

17. I HEREBY CERTIFY, That I attended deceased from March 16, 1929, to March 26, 1929 that I last saw h..... alive on 3/26, 1929, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108

87E 101A

(duration) X yrs. X mos. 10 ds.

CONTRIBUTORY (SECONDARY) Hiccough

(duration) X yrs. X mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) A. R. Parman, M. D

, 19 (Address) 3902 Olive St.

*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 Oak Grove Cem

DATE OF BURIAL 3-28 1929

20. UNDERTAKER Geo. L. Pleitsch

ADDRESS 5966 Easton Ave

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.

12 80