

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

Do not use this space.

19195

**1. PLACE OF DEATH**

County St Louis Registration District No. 289  
 Township Central Primary Registration District No. 6033B  
 City Welleston (No. 1548 Holemt) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 171

**2. FULL NAME**

Anna Margaret Haller  
 (a) Residence. No. 1548 Holemt St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 8 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1931

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1928, to May 11, 1931 that I last saw h.w. alive on May 10, 1931, and that death occurred, on the date stated above, at 11:20 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27, 1851

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 5 14

Acute Pericarditis

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House Work  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

12 9:00  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 14 ds.  
 CONTRIBUTORY (SECONDARY) Interstitial Nephritis  
 (duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) Okawville  
 (STATE OR COUNTRY) Ill

18. WHERE WAS DISEASE CONTRACTED  
 NOT AT PLACE OF DEATH

10. NAME OF FATHER John Haller

DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? NO

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY) 13

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) E. E. Emerson M. D.

12. MAIDEN NAME OF MOTHER Mary Schmitt

May 12, 1931 (Address) 3870 Eastern

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Mary Haverkamp  
 (Address) 1548 Holemt.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Okawville Ill DATE OF BURIAL 5/13 31

15. FILED 57, 1931 Wells Branch, M.S. REGISTRAR  
13

20. UNDERTAKER Breckmuller ADDRESS Okawville Ill

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

JUN 29 1931

