

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 23 1935

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

Do not use this space.

27916

1. PLACE OF DEATH

County.....
Township.....
City..... **St. Louis**

Registration District No. **791**
Primary Registration District No. **1003**
(No. **Lutheran Hospital**)

File No.....
Registered No. **6981**
St. Ward)

2. FULL NAME

Herman Halter
4629 Loughborough

(a) Residence, No. St. **2** 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August, 16th., 1935**

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

22. I HEREBY CERTIFY, That I attended deceased from **Aug 4**, 19**35**, to **Aug 16**, 19**35**

I last saw him alive on **Aug 15**, 19**35**. Death is said to have occurred on the date stated above, at **8.45 A.M.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 13-1865**

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 7 3

Intestinal Pneumonia Date of onset **Aug 6**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Printer**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Newspaper**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

Bacterial

Other contributory causes of importance

Influenza & Mixed Infection? (Staphylococcus & Strept.)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **George Halter**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Julia Halter 4629 Loughborough Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mo. Crematory** DATE **Aug. 19-** 19**35**

19. UNDERTAKER (ADDRESS) **Waches-Belderle 2331 S. Broadway**

20. FILED **AUG 17 1935** **J. T. Bredeck** Registrar.

W

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? **YES**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

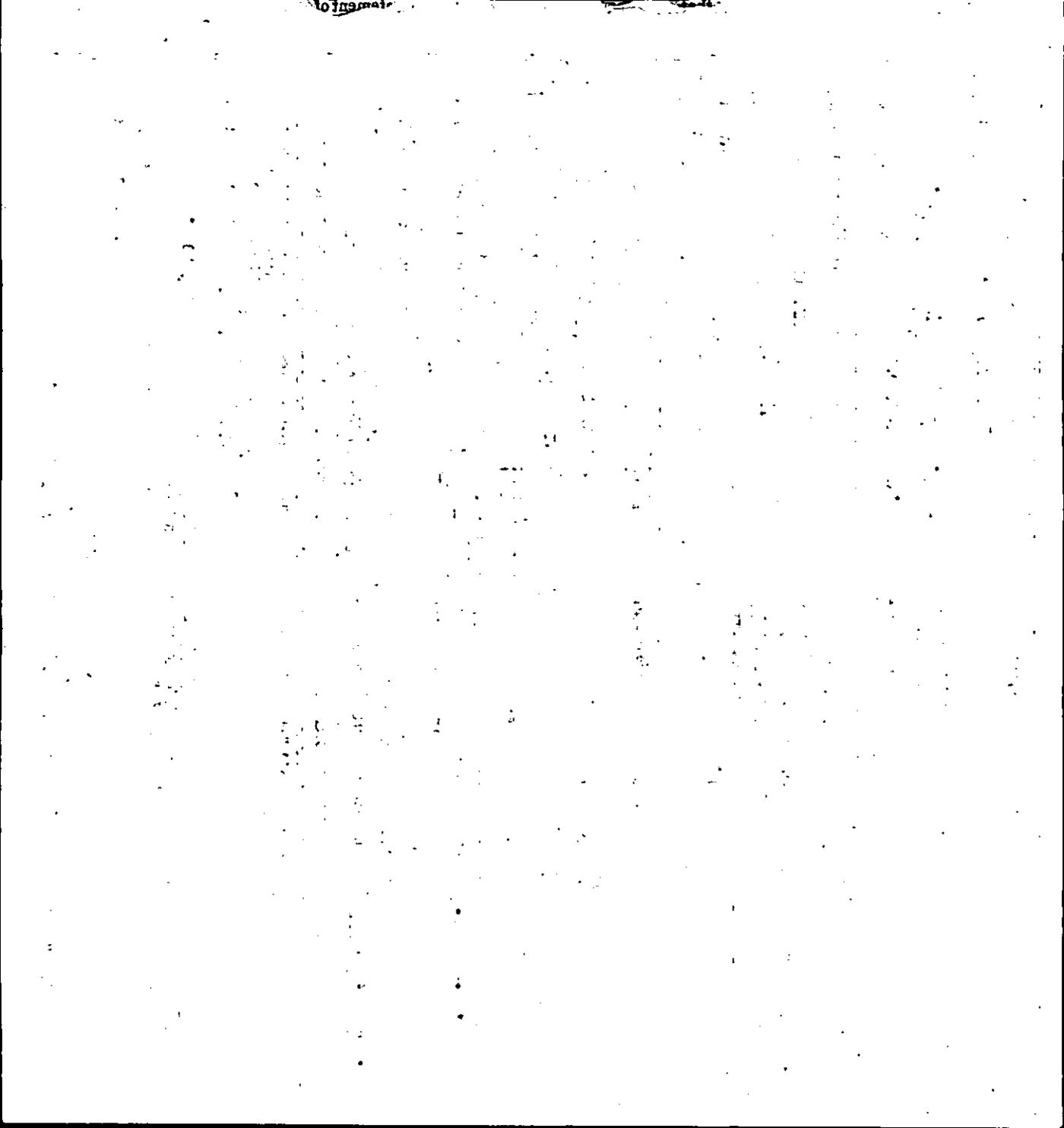
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify (Signed) **Hachmumner**, M. D.

(Address) **6811 1/2 Genovese Ave**



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR HEREIN IS TO BE USED FOR MEDICAL PURPOSES ONLY. THIS SUPPLEMENTARY

1. PLACE OF DEATH

County St. Louis

Registration District No. 791

Township St. Louis Mo

Primary Registration District No. 1003

City St. Louis Mo (No. _____)

File No. _____

Registered No. 6981

St. _____ Ward _____

2. FULL NAME

Herman Halter

(a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1935

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

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. _____

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance:
Influenza mixed infection
Staphylococcus Strept
(throat infection)

13. NAME _____

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT (ADDRESS) _____

Where did injury occur? _____ (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL

Specify whether injury occurred in industry, in home, or in public place.

PLACE _____ DATE _____, 19____

Manner of injury _____

Nature of injury _____

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED 9-17, 1935 J. F. Bredet Registrar

(Signed) H. A. Schriemeier, M. D.

(Address) 68-11a Kravens ave

27916

SEP 4 1965