

Registration District No. 791
1003

Primary Registration District No. _____

Registrar's No. 7833

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 1421 Montclair Ave.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis [6]
(If outside city or town limits, write "RURAL")
(d) Street No. 1421 Montclair Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Apalonia Haller. 1936

3. (b) If veteran,

name war _____

3. (c) Social Security

No. none

4. Sex Female

5. Color or

race White

6. (a) Single, widowed, married,
divorced Widowed

6. (b) Name of husband or wife

Joseph R. Haller.

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased

July 10, 1860.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>2</u>	<u>0</u>	_____ hr. _____ min.

9. Birthplace

Perryville, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife 0

11. Industry or business _____

MOTHER FATHER { 12. Name William Sowell.

13. Birthplace

? Virginia.
(City, town, or county) (State or foreign country)

14. Maiden name

Don't know.

15. Birthplace

? Virginia.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Floyd Haller.

(b) Address 1421 Montclair Ave.

17. (a) Burial (b) Date thereof 9-12-1939.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) SEP 11 1939 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, 10th,
year 1939. hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 2nd
1939, 19____, to 9-10-39, 19____
that I last saw her alive on 9-9-39, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary artery disease

Duration

year?

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Samuel Ebn (M. D. or other) Dr.
Address 534 Riverthru Date signed 9/11/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

REV. 5-17-39 I 119311

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.

Dr. S. L. ...
5339 ...
10-12 ...

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 9454

David C. Gibson, Registered Apprentice No. 3
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 9454

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.