

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

80994
8057

REC'D OCT 14 1939 791

Registration District No. 1008

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 3522 Bamberger 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 years
(Specify whether years, months or days)
 In this community 111

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 116
(If outside city or town limits, write "RURAL")
 (d) Street No. 3522 Bamberger
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME WILLIAM B. HALLER

3. (b) If veteran, name war None 3. (c) Social Security No. 490-03-7014

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LENA HALLER 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan 15 1878
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Fireman

11. Industry or business Wire Factory

MOTHER FATHER { 12. Name Casper Haller

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Frances Graf

15. Birthplace Memphis Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gay Heller

(b) Address 3522 Bamberger

17. (a) Burial (b) Date thereof 9-19-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Park

18. (a) Signature of funeral director Samuel George

(b) Address 2504 Woodson Rd - Overland, Mo

19. (a) SEP 19 1939 (b) J. D. Black
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16 year 1939 hour 9 minute 48 P.M.

21. I hereby certify that I attended the deceased from April 28 1937 to Sept 16 1939
 that I last saw him alive on 9/16 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Vraemia Duration 2 days

Due to chr. nephritis 5 years

Due to _____ 5 years

Other conditions Hypertension 5 years
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Eben Simpson (M. D. or other) M.D.

Address 3739 Gravois ave Date signed 9/18/39

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mo.

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.