

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8592**
Registrar's No. **2002**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution:
3440a Wyoming Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Mary G. Halbruegger**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**
4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **George F. Halbruegger** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **June 29, 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **8** **1** _____ hr. _____ min.

9. Birthplace **St. Louis** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

MOTHER FATHER
12. Name **Patrick Colligan**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mary G. Halbruegger**
(b) Address **3440a Wyoming, St. Louis, Mo**

17. (a) **Burial** (b) Date thereof **3-4-41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **B. Hoffmeister 2 & Co.**
(b) Address **7814 S. Broadway, St. Louis, Mo**

19. (a) **MAR 3 1941** (b) **J. W. Bredebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **2008**
(c) City or town **St. Louis** **1611**
(If outside city or town limits, write "RURAL")
(d) Street No. **3440a Wyoming Avenue**
(If rural, give location) **D**
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **1st**
year **1941** hour **Seven** minute **15 A.** M.
21. I hereby certify that I attended the deceased from **June 1st**
1930, 1930, to **July 28th**, 1941;
that I last saw her alive on **July 28th**, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage (Apoplexy)** Duration **1 week**

Due to **Arterio-Sclerosis and hypertension** **5 yrs**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 **A. H. Hamel** (M. D. or other) **D**
Address **1460 So. Franklin** Date signed **3/3/41**

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. A. H. Hamel,
1460 So. Grand
Gr. 0995
1:00 to 2:30 P. M.

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..... *Edwin H. Leiberger*.....
Licensed Embalmer No. *1087*.....
P. O. Address..... *6464 Chippewa*.....

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.