

S. No. 2
M-2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36424**

FILED NOV 18 1943
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9633**

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:
4947 Thrush Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **1** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County.....
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4947 Thrush Ave**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Bertha Louise Haller**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Emanuel Haller** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **October 25 1862**
(Month) (Day) (Year)

8. AGE: Year **81** Months **0** Days **6** If less than one day hr. min.

9. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business.....

12. Name **Karl Krueger**

13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Theodore Haller**

(b) Address **4947 Thrush Ave**

17. (a) **Burial** (b) Date thereof **11 4 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concordia Cemetery**

18. (a) Signature of funeral director **Beiderwieden Funeral Home Inc**
(Specify type of place)

(b) Address **1936 St. Louis Ave**

19. (a) **NOV 3 1943** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **1**
year **1943** hour **10:30** minute **A** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Generalized Arteriosclerosis

Due to **Senility**

Due to.....

Other conditions.....

(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?

23. Signature **Walter Perry** (M. D. or other)
Address **St. Louis** Date signed **11/3/43**

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *[Handwritten Signature]*

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis Ave*

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, fact should be so stated above.