

S. No. 2  
OM-5-43  
V. 5-17-39  
I X36671

19338

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUN 5 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6210

Registrar's No. 17

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

**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:  
none  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
 In this community 44 years fortyone yrs  
 years, months or days

**3. (a) PRINT FULL NAME** MARGARET HALSABECK  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife Halsbeck 6. (c) Age of husband or wife if 33  
 alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept 6 - 1891  
 (Month) (Day) (Year)

**8. AGE:** Years 81 Months 8 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ill (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
 12. Name James Michael  
 13. Birthplace Ill (City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant Ed Thompson  
 (b) Address upton, MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 10, 44 (Month) (Day) (Year)  
 (c) Place: burial or cremation Winkler

18. (a) Signature of funeral director no sig  
 (b) Address \_\_\_\_\_

19. (a) May 30, 44 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MO (b) County St Louis  
 (c) City or town St Louis 107  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 17 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_  
 21. I hereby certify that I examined the deceased from \_\_\_\_\_  
 that I last saw \_\_\_\_\_ alive on \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death paralytic stroke  
 Duration \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 162 lb

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 J.P. Wassner (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

1240

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District File Number 644336

Date Filed 6. 7. 44

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.....

Licensed Embalmer No. ....

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, fact should be so stated above.