

No. 2
1-5-43
5-17-39
I X36871

FILED SEP 14 1944

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 119

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(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 _____

3. (a) PRINT FULL NAME Arthur Haller

3. (b) If veteran, name war None 3. (c) Social Security No. 494-03-4230

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Zumwalt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 19, 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 0 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Wm. A. Haller
13. Birthplace Covington Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Elvira Loffing
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Haller

(b) Address St. Louis, Mo

17. (a) Removal (b) Date thereof July 24, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Halkmann, Paul
(b) Address 326 N. 6th St. St. Charles, Mo
19. (a) July 24, 1944 (b) Ernest C. Paul
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1944 hour 3 minute PM

21. I hereby certify that I attended the deceased from Coroner's Inquest
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above

Immediate cause of death _____
Suffocation due to
Due to Emphysema
Due to Multiple fractures of ribs
Other conditions _____
(Include pregnancy within 3 months of death)

Duration 3

PHYSICIAN

Major findings: _____
Of operations Piericentesis
drainage of blood from
Of autopsy no. pleural cavity
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) accident

(b) Date of occurrence July 23rd, 1944

(c) Where did injury occur? Darden Creek St. Charles
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Darden Creek
(Specify type of place)

While at work? No (c) Means of injury boat
23. Signature R. E. Erich, M.D. (M. D. number) _____
Address St. Charles, Mo. Date signed 7/24/44

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

MOTHER FATHER

1340

44

AUG 31 1944

JAN 29 1957

RECEIVED

Local Health Officer No. 9

File Number

8-29-44

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 *Arthur C. Bane*

Licensed Embalmer No. *3154*

P. O. Address *St Charles 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, fact should be so stated above.