

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

19000

**1. PLACE OF DEATH**

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No. 5088

City St Louis (No. 100)

City Trapezoid

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 2011 St Louis St. 9 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. .. mos. .. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1921

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY That I attended deceased from July 10 1921 until I last saw him alive on July 10 1921 and that death occurred, on the date stated above, on July 8 1921.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Valvular Disease - Mitral regurgitation

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 26 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .. hrs. or .. min.  
63 | 1 | 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) day  
(c) Name of employer

90 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90 (duration) yrs. mos. ds.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ohio

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

**10. NAME OF FATHER** Alfred Hallenbeck

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) unknown

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. Brushner M.D.

(Address) City Trapezoid

**12. MAIDEN NAME OF MOTHER** Mary, unknown

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) unknown

**14. INFORMANT** Starkoff

(Address) City Trapezoid

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

DATE OF BURIAL

Old St. Marcus July 13 1921

**15. REGISTRAR** Max Starkoff

FILED 1921

**20. UNDERTAKER**

ADDRESS

Spink Bros. 50 Grand

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.

