

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

Do not use this space.

8834

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. St. Luke's Hosp)

File No.....  
Registered No. 2510  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. .... St., 12 Ward. Kirk side mo.  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-23 1929

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

17. I HEREBY CERTIFY, That I attended deceased from 2-20, 1929, to 2-23, 1929 that I last saw h... alive on 2-23, 1929, and that death occurred, on the date stated above, at 7:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
abt. 55 Unknown

Cancer of thyroid gland metastasized to lungs  
53E  
47B (duration) 3 yrs. mos. ds.

**8. OCCUPATION OF DECEASED**

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

44A Cerebral infarct  
CONTRIBUTORY (SECONDARY) probably cerebral infarct  
(duration)..... yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH).....

10. NAME OF FATHER Unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

19. PLACE OF BURIAL - CREMATION, OR REMOVAL Flat River Mo.

12. MAIDEN NAME OF MOTHER Unknown

20. UNDERTAKER R. S. Caldwell

14. INFORMANT Henry Halter (Address) Flat Range Mo.

DATE OF BURIAL Feb 24 1929

15. FILED EB 25 1929 May C. [Signature] REGISTRAR

ADDRESS Flat River Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

255

31

37

PARENTS

