

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

Do not use this space.

6920

MAR 24 1934

PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *City*) *Harp*

File No.
Registered No. **1781**
St. Ward

FULL NAME

(a) Residence, No. *1423 N. 24th* St. *W* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 4, 1864*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>79</i>	<i>2</i>	<i>13</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Factory*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *"*

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

13. NAME *Henry Halman*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pennsylvania*

15. MAIDEN NAME *Barbara*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Wm. J. Anshutz* (ADDRESS) *City, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter's* DATE *2-20-34*

19. UNDERTAKER *Gullen & Kelly* (ADDRESS) *1416 DeForest Ave*

20. FILED *J. Bredeck* Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 17* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *2/15* 19*34* to *2/17* 19*34*

I last saw him alive on *2/17* 19*34* Death is said

to have occurred on the date stated above, at *10:30* a.m.

The principal cause of death and related causes of importance were as follows:

*Chronic myocarditis
chronic nephritis
1256
121
121
121
121*

Other contributory causes of importance
*the work was attention
renal stenosis*

Name of operation *lapotomy* Date of *2-17-34*

What test confirmed diagnosis? *Chemical* Was there an autopsy? *Yes*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....
Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify *Yes*

(Signed) *J. Bredeck*, M. D.
(Address) *City, Mo #1*

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.

WHILE IN PRINT, WITH UNFADING INK--THIS IS A PERMANENT RECORD

