

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 25 1934

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

Do not use this space.

10552

25. PLACE OF DEATH
 County _____ Registration District No. _____
 Township _____ Primary Registration District No. _____
 City St. Louis (No. 1421^a, Montclair Ave) St. _____ Ward _____
 Registered No. 2067

2. FULL NAME Joseph R. Haller
 (a) Residence, No. 1421^a Montclair Ave St. 6 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Aplonia Haller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4, 1858</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>8</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	
	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) <u>Defiance</u> (STATE OR COUNTRY) <u>Ohio</u>		
MOTHER	13. NAME <u>Don't know</u>	
	14. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) <u>Don't know</u>	
	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT <u>Mrs. Aplonia Haller</u> (ADDRESS) <u>1421^a Mt. Clair Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Home</u> , DATE <u>March 8, 1934</u>		
19. UNDERTAKER <u>Geo. L. Pleitsch Inc.</u> (ADDRESS) <u>5966 Easton Ave.</u>		
20. FILED <u>8</u> 19 <u>34</u> <u>J. D. Predeck</u>		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from MARCH 6, 1934, to MARCH 6, 1934
 I last saw him alive on MARCH 6, 1934 Death is said to have occurred on the date stated above, at 12.00 a. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
 Date of onset _____

Other contributory causes of importance:
95C

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
 (Signed) James H. Clark, M. D.
 (Address) 5536 Robt. Ave.

5536 Robert Brown

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