

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

Do not use this space.

NOV 13 1934

37941

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis Mo (No. BARNES, Hospital)

File No.
Registered No. **10429**
St. Ward)

2. FULL NAME Susie E. Halbrook

(a) Residence, No. 7433 Elm St. WP Ward. Maplewood Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</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>James R. Halbrook</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26 - 1898</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>6</u>
	DAYS <u>1</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>Housewife</u>	11. Total time (years) spent in this occupation <u>10</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year).....	

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 27 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 10 - 25 - 1934 to 10 - 27 - 1934

I last saw her alive on 10 - 27 - 1934 Death is said to have occurred on the date stated above, at 3:20 a.m.

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

Hypertension
Arteriosclerosis
Coronary Thrombosis
Cardiac failure

Date of onset

Other contributory causes of importance:
Cyanosis
Emphysema
Albuminuria

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, MO

MOTHER

13. NAME Wm J. Shelan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston Mass

15. MAIDEN NAME Catherine Bird

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

17. INFORMANT James R. Halbrook
(ADDRESS) 7433 Elm

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Lebanon, Mo DATE Oct 29 1934

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.

19. UNDERTAKER A. H. M. Gwynn
(ADDRESS) 2301 Lafayette Ave.

20. FILED 11/13/34
J. H. Bredeek
Registrar.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) A. F. Hollenbeck, M. D.
(Address) 607 Kingshighway

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.

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

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