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.

JAN 23 1935

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

Do not use this space.

File No. 45403

Registered No. 14[illegible]

1. PLACE OF DEATH

County St. Louis, Registration District No. 1160

Township ~~Central~~ Primary Registration District No. 4470

City University City, Mo. (No. 7044 Julian, Ave., St. ..... Ward)

2. FULL NAME GEORGE HALBLAUB.

(a) Residence, No. 7044 Julian Ave. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1860.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	10	29	

OCCUPATION

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

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.

FATHER

13. NAME Phillip HalBlauB

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER

15. MAIDEN NAME Margret Mueller

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

17. INFORMANT Cora Halblaub
(ADDRESS) 7044 Julian Ave.

18. BURIAL, CREMATION, OR REMOVAL
New St. Peter&Paul Cem Dec. 19, 1934

19. UNDERTAKER Jas. W. Clark.
(ADDRESS) 7125 Hodiamont Ave.

20. FILED Dec 17, 1934 Chas W. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1934.

22. I HEREBY CERTIFY, That I attended deceased from November 15th, 1934, to Dec 15th, 1934

I last saw him alive on Dec the 15th, 1934. Death is said to have occurred on the date stated above, at 8.45 A.M.

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

	Date of onset
Diabetes Mellitus	
59	

Other contributory causes of importance:

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) Reinhold Pomeler, M. D.

(Address) 3414 Grand Blvd South

Dr. [illegible] Tucker,
3314 S. Grand Blvd
9-12 A.M. or 6 to 8 P.M.
Pro 6688"