

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

Do not use this space.

FEB 21 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis* (No. *5322*, *Maffitt Ave*) St. _____ Ward _____
 Registered No. **2925**
 File No. **151**

2. FULL NAME

(a) Residence, No. *5322 Maffitt 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

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Marion (Pader) Haller</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 19 - 1860</i>				
7. AGE YEARS <i>74</i>	MONTHS <i>1</i>	DAYS <i>15</i>	IF LESS than 1 day, hrs. or mts.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Stone Mason</i>			
	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) <i>Mo</i>				
FATHER	13. NAME <i>Maffitt Haller</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>			
	15. MAIDEN NAME <i>Cath. Benschur</i>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo</i>			
	17. INFORMANT <i>Marion Haller</i> (ADDRESS) <i>5322 Maffitt Ave</i>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>New St. Peter's Park</i> DATE <i>Jan 7</i> 19 <i>35</i>				
19. UNDERTAKER <i>Grimesburg Wood Co</i> (ADDRESS) <i>4740 St. Anthony Ave</i>				
20. FILED <i>JAN -5 1935</i> <i>J. T. Bredeck</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 4th* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 15th* 19*34* to *Jan 4* 19*35*
 I last saw him alive on *Jan 1st* 19*35*. Death is said to have occurred on the date stated above, at *12:50* p. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Chronic Interstitial Nephritis
 Date of onset *for years*

Other contributory causes of importance
Chronic Interstitial Nephritis *for years*

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? *No*
 If so, specify *Peter. K. Sch.* M. D.
 (Signed) *Peter. K. Sch.* (Address) *4701 St. Louis Ave*

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.

100

100