

DEC 20 1935

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

Do not use this space.

37104

1. PLACE OF DEATH

County St. Charles Registration District No. 757  
Township St. Charles Primary Registration District No. 3036  
City St. Charles (No. St. Jas. Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Amos H. Hallak  
(a) Residence, No. St. Charles County St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 yrs. 10 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Lella Heuser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 73, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
38 10 13

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

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

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. Charles County

13. NAME J. Herman Hallak

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles County

15. MAIDEN NAME Fredricka Dickmann

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

17. INFORMANT Mrs. Ella Hallak  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Latham Cemetery DATE Nov. 8th 1935

19. UNDERTAKER Hackmuth - Bone  
(ADDRESS) St. Charles, Mo

20. FILED 11/7 1935 Clarence S. Heuser  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1935 to Nov. 6, 1935

I last saw him alive on Nov. 6, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

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

Pneumococcal Meningitis  
890

Other contributory causes of importance:  
Chronic Otitis Media

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Culture Was there an autopsy? No

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 \_\_\_\_\_

(Signed) A. P. Enigh Schuch, M. D.  
(Address) St. Charles, Mo

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.

