

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

Do not use this space.

JUL 14 1936

24240

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. De Paul Hospital)

Registration District No. 791
Primary Registration District No. 1008

File No. 5850
Registered No.
St. Ward)

2. FULL NAME

Amanda P. Hallerman
(a) Residence, No. 5117 Ashland St. 6 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>F. W. A. Hallerman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 10 1873</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>6</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</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

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>
	13. NAME <u>Jacob Robert</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alton, Louisiana</u>
	15. MAIDEN NAME <u>Margaret Basler</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alton, Louisiana</u>
	17. INFORMANT <u>Lee M. Hallerman</u> (ADDRESS) <u>5117 Ashland</u>
FATHER	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>June 8 1936</u>
	19. UNDERTAKER <u>Arthur J. Wenzel, Jr.</u> (ADDRESS) <u>2840 Grand St.</u>
20. FILED <u>WN 5 1936</u> <u>J. P. Bredeck</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5 1936

22. I HEREBY CERTIFY, That I attended deceased from April 28 1936, to June 4 1936. I last saw him alive on June 4 1936. Death is said to have occurred on the date stated above, at 12:50 A.M.

The principal cause of death and related causes of importance were as follows:
Appendiceal abscess
fecal ruptured appendix
Date of onset

Other contributory causes of importance: 1/21

Name of operation Appendix Date of 6/5/36
What test confirmed diagnosis? Was there an autopsy Yes

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 C. Malou Street M. D.
(Signed) C. Malou Street
(Address) 607 Nescent

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.

Mr. M. L. Howard

Planning class Rm

Ft 2828