

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.

APR 27 1937

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

Do not use this space.

13414

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township Normandy Primary Registration District No. 6033
 City Overland (No. 9057, Burton) St. _____ Ward _____

2. FULL NAME

Andrew A. Haller
 (a) Residence, No. 9057, Burton St. _____ 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 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 Mae (Head)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 15-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 3 7

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

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

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) Central, Mo.

13. NAME Andrew Haller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

15. MAIDEN NAME Henrietta Buckley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Mae Haller 9057 Burton

18. BURIAL, CREMATION, OR REMOVAL PLACE Ev. St. Pauls DATE 3-24-1937

19. UNDERTAKER (ADDRESS) Baumman Bros Inc Overland Mo

20. FILED 3-24-1937 M. Baehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-22 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1935, to March 22, 1937.
 I last saw him alive on March 22, 1937 Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:
Aneurysm of Aorta, and Myocarditis

Other contributory causes of importance:
Sarcoma of liver

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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 Herman J. Kloebler M. D.
 (Address) 9621 Kalsland Rd.

Date of onset
June 1935
Nov. 1936

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