

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

Do not use this space.

MAY 7 1937

14531

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **ST. LOUIS, MO.** (No. **CITY HOSPITAL**) St. **1** Ward

File No. **4027**
Registered No. **4027**

2. FULL NAME

THOMAS W. HALBERT.

(a) Residence, No. **3433 VISTA AV.** St. **18** 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 **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 **EVELYN HALBERT.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **APRIL 9, 1870**

7. AGE YEARS **67** MONTHS **—** DAYS **4** If LESS than 1 day, hrs. min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **common 19th**

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) **MISSOURI**

13. NAME **WM HALBERT.**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MISSOURI.**

15. MAIDEN NAME **LOUISIA HOPKINS.**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MISSOURI**

17. INFORMANT **MRS. EVELYN HALBERT**

(ADDRESS) **3433 VISTA AV.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **LAKE CHARLES** DATE **APRIL 16, 1937**

19. UNDERTAKER **E. J. Schurz**

(ADDRESS) **3125 Lafayette Av.**

20. FILED **APR 16 1937** **J. B. Bredeck** Registrar.

No Physician Attendance MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **APRIL 13, 1937**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at **7:30 p.m.**

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

Hemorrhagic Pochmenyngitic and Reptomenyngitic. Cont Fractures of Tibia and Fibula of the result of being struck by a Res Truck driven by

Other contributory causes of importance:

one horn McNeil while backing into Coal Yard at 416 So Compton Ave at about 11:15 A.M. Feb 25 of 1937.

Name of operation. **Fracture** Date of **Yes**

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? **Accident** Date of injury **2/25, 1937**

Where did injury occur? **St. Louis, Mo** (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **See above**

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify _____ (Signed) **Joseph M. Zimm, M.D.** (Address) **Deputy Coroner**

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.

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