

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

36025

Do not use this space.

1. PLACE OF DEATH **NOV 15 1937**
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **Alexian Bros. Hosp.** Registered No. **9602**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. / (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Phillip Halm**
 (a) Residence, No. **7736 Benmore** St. **KR** **Atton Mo.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Theresa**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 9, 1874**
 7. AGE YEARS **63** MONTHS **9** DAYS **4** If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Box nailer**
 9. Industry or business in which work was done, as 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) **Hungary**

FATHER 13. NAME **Henry**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

MOTHER 15. MAIDEN NAME **Vickete**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

17. INFORMANT **Theresa Halm**
 (ADDRESS) **7736 Benmore**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **New SS. Peter Paul 10/16/37**

19. FUNERAL DIRECTOR **John L. Ziegenhein & Sons**
 (ADDRESS) **7027 Gravois Ave.**

20. FILED **OCT 15 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **Oct 7**, 19**37**, to **Oct 13**, 19**37**
 I last saw him alive on **Oct 12**, 19**37** Death is said to have occurred on the date stated above, at **3:10 A.M.**
 The principal cause of death and related causes of importance were as follows:

Perforated Gastric Ulcer Date of onset **Oct 7 1937**
117a
 Other contributory causes of importance: **Broncho pneumonia** **Oct 8 1937**

Name of operation **Laparotomy for ulcer** Date of **Oct 8 1937**
 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? **No**
 (Signed) **Arthur J. Grubis**, M. D.
 (Address) **4602 Gravois St. St. Louis**

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 1 X12064

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STATEMENT BY LICENSED EMBALMER

I, Clarence P. Kidwell..... Licensed Embalmer No. 3877.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself.....

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Clarence P. Kidwell.....

Licensed Embalmer No. 3877.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)