

DEC 13 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39948
Do not use this space.

1. PLACE OF DEATH
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **DePaul Hospital 1** St.
(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 **Mary Ethel Halter**
(a) Residence, No. St. **J** **Jackson, Missouri**
(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 **Female**
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 **Michael Halter**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 13th, 1880**
7. AGE YEARS **57** MONTHS **2** DAYS **11** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **housewife**
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) **October 1937**
11. Total time (years) spent in this occupation **35 Yrs**
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisville, Kentucky**
13. NAME **Alfred Carlisle**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisville, Kentucky**
15. MAIDEN NAME **Eose Booth**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Louisville, Kentucky**
17. INFORMANT **Charles Halter**
(ADDRESS) **Jackson, Missouri.**
18. BURIAL, CREMATION, OR REMOVAL
PLACE **Charleston, Mo.** DATE **Nov. 27th 1937**
19. FUNERAL DIRECTOR **Clifford H. Home**
(ADDRESS) **429 E. 7th St. St. Louis, Mo.**
20. FILED **NOV 30 1937**
J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 24th, 1937**
22. I HEREBY CERTIFY, That I attended deceased from **May 5, 1937, to Nov 24, 1937**
I last saw him alive on **Nov 24, 1937** Death is said to have occurred on the date stated above, at **12, m P.M.**
The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
53B
Other contributory causes of importance:
Renal Thrombosis
Carcinoma of Bladder
Urinary
Name of operation **None** Date of
What test confirmed diagnosis? 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) **W. H. Thayer** M. D.
(Address) **984 Ave. B 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.

STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer-No. 3575

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Guy W. Wilkinson

Licensed Embalmer No. 3575

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.)