

JAN 10 1938

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

43203
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **11453**
(c) City **St. Louis** (d) Street No. **BARNES HOSPITAL** St. **St. Louis**
(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. **1** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Herbert Hallworth**

(a) Residence, No. **NR** **Quinterville, Ill.** St. **NR**
(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 **Male**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 12, 1879**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 9 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Coal Miner**
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) **Oct. 1936**
11. Total time (years) spent in this occupation **38 Yrs.**

12. BIRTHPLACE (CITY OR TOWN) **Coulterville,**
(STATE OR COUNTRY) **Illinois**

13. NAME **Cyrus Hallworth**

14. BIRTHPLACE (CITY OR TOWN) **Campbell Hill,**
(STATE OR COUNTRY) **Illinois**

15. MAIDEN NAME **Mary Caroline Williams**

16. BIRTHPLACE (CITY OR TOWN) **Campbell Hill,**
(STATE OR COUNTRY) **Illinois**

17. INFORMANT **Vernon Hallworth**
(ADDRESS) **East St. Louis, Illinois**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Coulterville, Illinois December 15, 1937**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.,**
(ADDRESS) **429 N. Euclid Avenue**

20. FILED **DEC 13 1937** **J. F. Brebeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12 - 13 - 1937**

22. I HEREBY CERTIFY, That I attended deceased from **12 - 12 - 1937** to **12 - 13 - 1937**.
I last saw him alive on **12 - 13 - 1937**. Death is said to have occurred on the date stated above, at **4:50 am.**

The principal cause of death and related causes of importance were as follows:
Cardiac failure probably thrombus at bifurcation of abdominal aorta Post-op thrombectomy

Other contributory causes of importance: **99**

Name of operation **Thrombectomy** Date of **12-12-37**
What test confirmed diagnosis? Was there an autopsy?

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 **Post-operative thrombosis**
(Signed) **P. Hageman** M. D.
(Address) **BARNES HOSPITAL**

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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STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

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 Benj. C. Duncan
Licensed Embalmer No. 2272

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.)