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.

FEB 12 1938

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

791

1003

830

Do not use this space.

Registered No. 686

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St. Louis, Mo. (d) Street No. Sanitarium 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 49 yrs. 4 mos. 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.

Primary Registration District No.

2. PRINT FULL NAME William Hallerman

(a) Residence, No. 3716R Easton Ave. St. 11

(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Honiham Johnson Hallerman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27 1888

7. AGE: Years 49 | Months 4 | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Peter Hallerman

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Liverpool (STATE OR COUNTRY) England

17. INFORMANT U.L. Moore, M.D. (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE City Infirmary DATE 1-20-38, 19

19. FUNERAL DIRECTOR Ryan- Undertaker (ADDRESS) 5800 Arsenal St

20. FILED JAN 20 1938, 19 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-8-37, 19, to 1-15-38, 19

I last saw him alive on 1-15-38, 19. Death is said to have occurred on the date stated above, at 6:07 P.M.

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

	Date of onset
Septicemia (Streptococcus Hemolyticus)	1-8-38

Other contributory causes of importance:

Gen. Paralysis of the Insane	11-8-37x
Broncho-pneumonia	1-14-38

Name of operation Date of

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?

If so, specify

(Signed) U. L. Moore, M.D., M. D.

(Address) 5400 Arsenal St.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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