

DEC'D APR 1 1938

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

8862  
Do not use this space.

1. PLACE OF DEATH St. Louis, Mo

(a) County ..... Registration District No. 791  
(b) Township ..... Primary Registration District No. 1008  
(c) City ..... (d) Street No. St. Louis Maternity Hospital ..... 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 Infant Hallock 420

(a) Residence, No. 2819 North 23rd Street St. 20  
(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nil.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Stillborn

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) St. Louis, Mo.  
(STATE OR COUNTRY)

FATHER  
13. NAME Hallock, Jack Homer  
14. BIRTHPLACE (CITY OR TOWN) Tilden, Ill.  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Copeland, Arlene  
16. BIRTHPLACE (CITY OR TOWN) Marissa, Ill.  
(STATE OR COUNTRY)

17. INFORMANT Everett Copeland  
(ADDRESS) 2819 NO. 23rd Street

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Marissa Ill. DATE 3-12-1938

19. FUNERAL DIRECTOR Albert H. Hoppe Inc.  
(ADDRESS) 429 No. Euclid, Ave.

20. SIGNATURE J. Bredeck  
Local Registrar.

MAR 12 1938

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11-38 19

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 ..... m. p.

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

Stillborn - strangled by umbilical cord around neck.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
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 .....  
(Signed) H. Hauptmann M. D.  
(Address) St. Louis Maternity Hosp.

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**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 \_\_\_\_\_

*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.)**