WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

REC'D APR 11 1938

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

791

9288
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No. 1003
Primary Registration District No.
Registered No. 2877
(d) Street No. St. Anthony 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 Minnie L. Halbert 416
(a) Residence, No. 327 W. Felton ave. St. N.R. Lemay, 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James M. Halbert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 18, 1866
7. AGE: YEARS 71 MONTHS 4 DAYS 8 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At Home
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): Missouri 0

FATHER
13. NAME: Wm. H. Spann 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee 9

MOTHER
15. MAIDEN NAME: Cordelia Harper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: James M. Halbert
(ADDRESS) 327 W. Felton ave. Lemay, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem. DATE March 29, 1938
19. FUNERAL DIRECTOR (ADDRESS): C. Hoffmeister U. & L. Co 7814 S. Broadway
20. FILED MAR 28 1938 J. F. Bredick Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from March 12, 1938, to Mar 26, 1938
I last saw her alive on March 26, 1938. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia 107a

Date of onset

Other contributory causes of importance: Inguinal abscess, cause unknown

Name of operation no 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?
If so, specify
(Signed) Charles Eilers, M. D.
(Address) 7201 So. Broadway

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by L.C. Hoffmeister 387I

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Geo. W. Hoffmeister

Licensed Embalmer No. 2426

**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.)**