

FILED JAN 15 1949

Registration District No.

791

Registration District No.

Registrar's No.

9873

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: BARNES HOSPITAL 1  
 (If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution 27 days  
20 yrs (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME THELMA ENOLA HALBROOK

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Comin Halbrook 6. (c) Age of husband or wife if alive 39 years  
 7. Birth date of deceased March 1906  
 (Month) (Day) (Year)

8. AGE: Years 34 Months 8 Days 12  
 If less than one day hr. min.

9. Birthplace Ruthville Tennessee  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name A. B. Ross

18. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)

14. Maiden name Della Vincent

15. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Comin Halbrook

(b) Address 2110 Benton Granite City, Mo

17. (a) \_\_\_\_\_ (b) Date thereof 12/4/1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sand Branch Tennessee

18. (a) Signature of funeral director J. H. Brebeck

(b) Address W. M. Parkersburg, Mo

19. (a) DEC 2 1948 (b) J. H. Brebeck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County \_\_\_\_\_  
 (c) City or town GRANITE CITY M.R.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2110 BENTON  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 1  
 year 1940 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from  
November 9, 1940, to December 1, 1940;  
 that I last saw her alive on December 1, 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia  
Pneumonia follicular  
Terminal Broncho-pneumonia  
 Due to Septicemia

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy Pneumonia bronchopneumonia  
endocarditis acute

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Robert E. Shank (M. D. or other)  
 Address BARNES HOSPITAL Date signed \_\_\_\_\_

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.

MOTHER FATHER

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**