

FILED MAR 25 1947 91

Registration District No. _____ Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5623 Hiller Place, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Henry J. Halstenberg

8. (b) If veteran, name war NO 8. (c) Social Security No. NO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hattie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 24th, 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Morrison, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Gottlieb Halstenberg

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Virgil I Halstenberg

(b) Address 5623 Hiller Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/47 (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director Kraeger-Voss-Fix, Inc.

(b) Address 3402 N. Kingshighway

19. (a) **FEB 11 1947** (Date received local registrar) (b) J. T. Zudek (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 177
(If outside city or town limits, write "RURAL")
(d) Street No. 5623 Hiller Place 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10th
year 1941 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from Aug.
13, 1939, to Feb 10-1, 1941;

that I last saw her alive on Feb 10, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Chronic Coronary Arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations: _____

Of autopsy _____

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 J. F. Oberker (M. D. or other) 0

Address 2901 N. Wendell Date signed 2/10/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Guy W. Wilkinson*
Licensed Embalmer No. 3575
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.