

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22752**

Registration District No. **784**

Primary Registration District No. **20**

Registrar's No. **1378**

1. PLACE OF DEATH:
 (a) County **ST. LOUIS**
 (b) City or town **RIVERVIEW GARDENS**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **227 LILAC DR.**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **NONE**
(Specify whether)
 In this community **10 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **ST. LOUIS 96**
 (c) City or town **RIVERVIEW GARDENS**
(If outside city or town limits, write "RURAL")
 (d) Street No. **227 LILAC DR.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **CECELIA HALTEMAN**
 3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive **---** years
 7. Birth date of deceased **JAN. 8 1850**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	91	5	21	--- hr. --- min.

9. Birthplace **ST. LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business **---**

MOTHER FATHER
 12. Name **UN KNOWN BROOKS**
 13. Birthplace **FLORISSANT MO.**
(City, town, or county) (State or foreign country)
 14. Maiden name **VIRGINIA GENGROW**
 15. Birthplace **FLORISSANT MO.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Albert G. Halteman**
 (b) Address **227 Lilac Dr.**

17. (a) **Burial** (b) Date thereof **July 2-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **S.S. PETER + PAUL CEM.**

18. (a) Signature of funeral director **Diedrich Funeral Home**
 (b) Address **8318 Halle Ferry Rd.**

19. (a) **JUL 1 1941** (b) **W. P. Thumpton**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **29**
 year **1941** hour **6** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **May 20**
 19 **40** to **June 29**, 19 **41**;
 that I last saw her alive on **June 28**, 19 **41**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**
brain left side **1 week**
 Due to **Cardiovascular**
vascular disease **1 yr +**

Other conditions (Include pregnancy within 3 months of death) **---**

Major findings: Of operations **131a**
 Of autopsy **---**

Duration
 Underline the cause to which death should be charged statistically.

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 **W. P. Thumpton** (M. D. or other) **0**
 Address **8363 Halle Ferry** Date signed **6-30-41**

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

St. Louis
Missouri
No. 12

St. Louis
Missouri
No. 12

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 *Arthur P. Diederich*
Licensed Embalmer No. 3556
P.O. Address St. Louis

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

If this body is not embalmed, fact should be so stated above.