No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33001

FILLED NOV 24 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7953

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

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:
4141 W. Carter Ave
(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 Not known
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4141 W. Carter Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas J. Hallahan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife ---------

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased October 6, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	11	27	hr. min.

9. Birthplace Unknown N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Meat inspector (City)

11. Industry or business

FATHER
12. Name Patrick Hallahan
13. Birthplace Unknown N.Y.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Kate Poehler
(b) Address 4141 W. Carter Ave

17. (a) Burial (b) Date thereof 10/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) OCT 6 1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3, year 1941 hour 2:00 PM minute M.

21. I hereby certify that I attended the deceased from February 2nd, 1937 to October 3, 1941; that I last saw him alive on October 2nd, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr.Cardia-Vascular-Renal Disease Chr.Hypertension. Cerebral Apoplexy-	?
Due to 2 strokes, 2 yrs. apart. Myo Carditis-Chr.Int. Nephritis- Chr.	2 yrs. ago
Due to Arteriosclerosis. Block heart- Cardiac congestion. All senile type.	? 4 yrs.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
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? No
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 3718 Jennings Rd. Pine Lawn, Mo. Date signed 10-4-'41

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Buchholz

Licensed Embalmer No. 2140

P. O. Address St. Louis, Mo

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

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