

FILED APR 13 1942 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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Ada Evelyn Haller

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Milton Haller

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov. 26, 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Irving Ill
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Wiley

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Karracker

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Chas M. Bunker

(b) Address East St. Louis, Ill

17. (a) East St. Louis, Ill (b) Date thereof Mar. 23, 1942
(City, town, or county) (Month) (Day) (Year)

(c) Place of burial or cremation No. 4 Farmis. Co. East St. Louis

18. (a) Signature of funeral director Chas M. Bunker

(b) Address East St. Louis, Ill

19. (a) MAE (b) J. F. Brudeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair

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

(d) Street No. 600 N. 14th
(If rural, give location)

(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1942 hour 6 minute 35 p. M.

21. I hereby certify that I attended the deceased from March 21, 1942 to 12:25 p.m. to 3-21-42
that I last saw her alive on March 21, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation

Due to Hypertensive cardio-vascular disease

Due to Blood

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

Major findings: Of operations 34

Of autopsy arteriosclerosis - nephrosclerosis - cardiac hypertrophy - arteriosclerosis

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? _____
(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 Revellyn Sale (M. D. or other) MD

Address Barnes Hospital Date signed 3/24/42

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.....

B. H. Baldwin

Licensed Embalmer No. 2420

P. O. Address East St. Louis, Ill

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, fact should be so stated above.