

FILED OCT 28 1942

1003

8658

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 4
(d) Street No. 1039a Art Hill Pl. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Roger Halbrook

3. (b) If veteran, name war no 3. (c) Social Security No. 493-05-8694

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leolie Halbrook 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 23, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 23 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Dry Goods

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Leolie Halbrook

(b) Address 1039a Art Hill Pl.

17. (a) Burial (b) Date thereof 10-19-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) OCT 19 1942 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
year 1942 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from 2 mos.
....., 19....., to, 19.....;

that I last saw him alive on 10-16-42, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic } Duration

Pneumonia } 3 days
AC Myocardial Failure

Due to Carcinoma Pancreas
Due to to liver primary in bone

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

Major findings: as alive

Of operations H&E
Of autopsy _____

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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature Walter H. ... (M.D. or other)

Address 2602 S. Grand Date 10/17/42

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

MOTHER FATHER

#B

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..... *J.P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address..... *Maplewood*

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.