S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16165

FILED JUN 4 1943 318

Registration District No. ____ Primary Registration District No. 11-C3 Registrar's No. 4735

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: 4368 Gibson Avenue (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether) In this community 40 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 918
(d) Street No. 4368 Gibson Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William T. Halbert
3. (b) If veteran, name war - - -
3. (c) Social Security No. 492-01-3121
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mathilda Schaare Halbert
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased January (Month) 4th (Day) 1872 (Year)

8. AGE: Years 71 Months 4 Days 16 If less than one day ____ hr. ____ min.

9. Birthplace Cincinnati (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Night Watchman
11. Industry or business ____
12. FATHER Name Unknown
13. FATHER Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. MOTHER Maiden name Unknown
15. MOTHER Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Mathilda Halbert
(b) Address 4368 Gibson Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/24/1943 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director BEIDERWIEDEN F. HOME, INC
(b) Address 1936 St. Louis Avenue
19. (a) MAY 2 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)
MAY 26 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1943 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from May 20, 1943 to May 26, 1943 that I last saw him alive on May 20, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis, Chronic	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Albert Bode (M. D. or other)
Address 5084 Delmar Date signed 5/26/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Albert Bode
301 Metropolitan Bldg.
2 to 4 p.m.

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.....

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Av

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.