S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1943

Registration District No. 42

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 24375

Registrar's No. 777

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Mental Hosp #2. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Since (Specify whether years, months or days)
In this community: 5/11/43.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Louis
(c) City or town: St Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 1322 A North Market (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Conrad Haller.
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Separated
6. (b) Name of husband or wife: unknown
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: 1881. (Month) unknown (Day) (Year)
8. AGE: Years 63 | Months — | Days — | If less than one day — hr. — min.
9. Birthplace: Peoria (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: mechanic
11. Industry or business:
FATHER 12. Name: unknown
FATHER 13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: unknown
MOTHER 15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Records.
(b) Address: State Hospital
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7-6-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Kirkwood, Missouri
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 13th. & Faraon St., St. Joseph, Mo.
19. (a) 7-6-43 (Date received local registrar) (b) Ree Hizzy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5 year 1943 hour 4 minute 2 A.M.
21. I hereby certify that I attended the deceased from 7/10/43 to 7/5/43, 19..; that I last saw him alive on 7/4/43, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-renal vascular disease — Duration: 13 M
Due to:
Due to:
Other conditions: Cerebral Arteriosclerosis
(Include pregnancy within 3 months of death)
Major findings: —
Of operations:
Of autopsy: Same as above

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: H. A. Dunlap M.D. (M.D., D.O., or Coroner)
Address: State Hospital #2 St. Joseph, Mo. Date signed: 7/5/43.

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(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 Elbert C. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.