

No. 2  
1-2-43  
5-17-43  
I X 35

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35705

State File No. \_\_\_\_\_

FILED OCT 23 1943 317  
Registration District No. 17

Primary Registration District No. 3063

Registrar's No. 2331

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton Mo.  
(c) Name of hospital or institution:  
63 Crestwood  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution \_\_\_\_\_  
(Specify whether  
In this community abt 24 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 63 Crestwood  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Conrad Halparn

3. (b) If veteran, name war World war #1. 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or Race W.  
6. (a) Single, widowed, married. divorced married  
6. (b) Name of husband or wife Wilma Robi  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 15 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 5 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Executive

11. Industry or business Paper Products

MOTHER FATHER  
12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Lillie Mala  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Wilma Halparn  
(b) Address 63 Crestwood  
17. (a) Burial (b) Date thereof 10/20/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Arlington Nat'l Cemetery  
18. (a) Signature of funeral director May  
(b) 4356 Lindell Blvd  
OCT 18 1943 (c) C. D. McFarlan, M.D.  
(Date received local registrar) (Registrar's signature)  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17  
year 1943 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from July 9, 1943, to Oct. 17, 1943  
that I last saw him alive on Oct. 16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary artery obstruction 3 mo  
Due to arterial sclerosis of  
coronaries several  
Due to \_\_\_\_\_ years

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy g & a  
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 job) (e) Means of injury \_\_\_\_\_  
23. Signature Heberly (M. D. or other) \_\_\_\_\_  
Address 4500 Olive (8) Date signed 10/18/43

**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.....

.....  
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

*John G. Onoski*

.....  
Licensed Embalmer No. *3398*

.....  
P. O. Address.....

**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.**