

FILED JAN 10 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. **3058**

Registrar's No. **209**

92  
9  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Charles**

(b) City or town **St. Charles**

(c) Name of hospital or institution:  
**Fourth & Clark Street**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**

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

(d) Street No. **551 Monroe Street**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **August Hallemeyer**

3. (b) If veteran, name war **None**

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Minnie Wahlbrink**

6. (c) Age of husband or wife if alive **58** years

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

8. AGE:

Years	Months	Days	If less than one day
<b>65</b>	<b>9</b>	<b>23</b>	hr. _____ min.

9. Birthplace **St. Charles County, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Car Manufacturing**

12. Name **Casper Hallemeyer**

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

14. Maiden name **Not Known**

15. Birthplace **Not Known**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie Hallemeyer**

(b) Address **St. Charles Mo**

17. (a) **Burial** (b) Date thereof **Dec. 19, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns Cemetery**

18. (a) Signature of funeral director **Hackmann-Bauer**

(b) Address **376 N. 6th St. St. Charles Mo**

19. (a) **Dec - 18 - 1943** (b) **Ernest G. Gauss**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **16**  
year **1943** hour **7** minute **45** A.M.

21. I hereby certify that I attended the deceased from **March**  
**1940** to **Dec 16** 19**43**  
that I last saw him alive on **Dec 10** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to **Coronary artery sclerosis, arterial hypertension and hyperlipidemia**

Due to **arterio sclerosis and hyperlipidemia**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **Ernest G. Gauss** (M. D. or other) **MD**

Address **St. Charles Mo** Date signed **12/17/43**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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**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..... *Arthur C. Stone* .....

Licensed Embalmer No. *3284* .....

P. O. Address..... *114 Chula Vista* .....

**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.**