

No. 2
-5-43
5-17-39
X 36671

FILED FEB. 27 1944
318

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 50 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY HALLAS
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GUS HALLAS 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased FEB. 22 1880 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 10 27 hr. min.

9. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER
12. Name JOHN GANNON
13. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)
14. Maiden name DONT KNOW
15. Birthplace IRELAND 4 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. CATHERINE MERTES

(b) Address 7344 KINGSRURY

17. (a) BURIAL (b) Date thereof 1-21-44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) JAN 20 1944 (b) J. F. Bredenk (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 4812 HIGHLAND AVE. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 19, year 1944 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 18, 1944, to Jan 19, 1944 that I last saw her alive on Jan 19, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia Right + Left lower lobe
Due to: 2 days

Due to:

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations. Of autopsy. 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 George Progen (M.D. or other) and

Address 3442 LINDALL AVE Date signed 1/24/44

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

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lundell

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.