

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FILED FEB 11 1944

4566

1. PLACE OF DEATH

County Saline
Township
City Marshall (No.)

Registration District No. 324
Primary Registration District No. 3072

17
0
0

File No.
Registered No. 28
St. Ward)

2. FULL NAME EDGAR CARL HALLEMEIER

(a) Residence, No. 0 (Usual place of abode) Katy Gibbs Hospital Ward. Boagard mo
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Sella Hallemeier
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 7 - 1913
7. AGE YEARS 30 MONTHS 6 DAYS 20 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Social Security # 491-05-9936
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Carrollton (STATE OR COUNTRY) mo

FATHER
13. NAME Henry Hallemeier
14. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) mo

MOTHER
15. MAIDEN NAME Minnie Koch
16. BIRTHPLACE (CITY OR TOWN) St. Louis Co (STATE OR COUNTRY) mo

17. INFORMANT Rudolph Hallemeier (ADDRESS) Boagard mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly mo DATE 1-29 1944

19. UNDERTAKER Harry Herschberger (ADDRESS) Marshall mo

20. FILED 1-27 1944 Mrs T.O. Westbrock Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27 1944
22. I HEREBY CERTIFY, That I attended deceased from Dec. 31 1943 to Jan - 27 1944
I last saw him alive on Jan. 26 1944 Death is said to have occurred on the date stated above, at 12:27 m.
The principal cause of death and related causes of importance were as follows:

Pneumococci peritonitis Date of onset 12-26-43
Influenza 12-29-43
Pneumonia
Other contributory causes of importance: 33a

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. H. H. M. D.
(Address) Marshall. mo

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 2-9-44