

FILED MAR 11 1944

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 582

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6201 Wabada Ave.
(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. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6201 Wabada Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1944 hour 8 minute 50 p. M.

21. I hereby certify that I attended the deceased from 12/1 1934 to MAR. 5 1944
that I last saw him or alive on 12/1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Myocarditis 10y11

Duration

Due to _____

Due to _____

Other conditions Atherosclerosis 10y11
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy 934

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 [Signature] (M. D. or _____)
Address 14921 1/2 S. Main St. Date signed 3/6/44

3. (a) PRINT FULL NAME Yettie Haldeman

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Elighes B Haldeman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December (Month) 27 (Day) 1858 (Year)

8. AGE: Years 85 Months 2 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business House wife

12. Name George Behe

13. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mrs Maty Johnson

(b) Address 6201 Wabada Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/8 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1125 Hodiamont Ave

19. (a) MAR 8 - 1944 (Date received local registrar) (b) E. J. McHarran, M.D. (Registrar's signature)

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

MOTHER FATHER

96
0
0

J. P. Davis MD
1492. Hood st.
18-11 4-6.

NOV 7 1956

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.....
Licensed Embalmer No. 3225
P. O. Address: 125 Woodmont Ave

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.